

## **NEUROBORELIOSIS VERSUS AMYOTROPHIC LATERAL SCLEROSIS**

**A. Docu Axelerad<sup>1</sup>**, D.N. Docu Axelerad<sup>2</sup>

<sup>1</sup>General Medicine Faculty and <sup>2</sup>Physical Education and Sport OVIDIUS, University Constanta, Romania

Because of difficulties in making the diagnosis of neuroborreliosis the physician must correlate clinical with laboratory data to confirm the diagnosis.

Amyotrophic lateral sclerosis (ALS) is the most common degenerative disease of the motor neuron system.

The diagnosis of ALS is primarily clinical. Electro diagnostic testing contributes to the diagnostic accuracy.

Material and methods: We exam a 63 year patient hospitalized in Neurology Department of Clinical Hospital of Constanta, between 10-20.12.2012.

Discussion: Our patient has a history of exposure to B. Burgdorferi one year before the apparition of symptoms. Family describes personality changes and mild cognitive manifestations. We must say that in past history he has an ethanolic abuse. Next symptoms were muscle pain and trouble of gait. It was suspected to have borreliosis and lab results show a little increase of IGM antiborrelia. After one year of antibiotic treatment the gait is worse and appeared trouble of speech and patient was admitted in our department. On clinical examination we found sign of upper and lower motor neuron symptoms.

We perform serum immunology and LCR for borrelia was normal, MRI cerebral and cervical scan was normal, EMG show fasciculation and fibrillation potentials. We begin a neuromotor and physiologic rehabilitation.

Conclusions: It is important if the symptoms are not clear and the results of immunology are not complete to not begin treatment for borreliosis and the interdisciplinary consult is necessary to complete the diagnosis. Key words: neuroborreliosis, amyotrophic lateral sclerosis, differential diagnosis.

### *References*

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