

3<sup>rd</sup> Annual Congress on

# INFECTIOUS DISEASES

August 21-23, 2017 San Francisco, USA

## Neuro sarcoidosis masquerading as neuroborreliosis (lymes)

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**Background:** Medical syndromes often overlap in clinical presentations. Often there is one or more than underlying etiology responsible for the patient's Clinical presentation. We are reporting a patient who was admitted thrice with fevers and joint pains. Lymes IGG was positive. He was discharged home on doxycycline and prednisone suspecting gout. Second admission he was discharged to home on IV ceftriaxone. Patient however was re admitted twice within 3 weeks with cognitive impairment. Lymph node biopsy was positive for non caseating granulomas. Sarcoidosis was the final diagnosis.

**Case Report:** 74 year old white male was admitted with fever and multiple joint pains. Tmax was 100.5. WBC was 15 with normal CBC. LFTs were elevated. Rest of the labs was normal. Lymes IGG was positive. He underwent extensive rheumatologic and virological evaluation. Sonogram of the abdomen was negative. He responded to IV Ceftriaxone and was discharged home on Doxycycline for 3 weeks and Prednisone taper for a week .He was readmitted within 2 weeks with weakness and confusion. After ruling out multiple etiologies he was discharged home on IV Ceftriaxone suspecting Neuroborreliosis. But he was re admitted with worsening mentation in a week. This time he was diagnosed as case of neurosarcoidosis. He responded dramatically to IV steroids, methotrexate and one dose of infliximab. Patient continues to follow up with the clinic and is now at his base line with no recurrence.

**Conclusion:** He is one patient where an underlying disabling pathology was missed twice. He is a case of systemic and neurosarcoidosis masquerading as neuroborreliosis. Rarely is a clinical encounter so perplexing.

### Biography

Chandra Shekar Pingili is a Director, Division of infectious diseases, Sacred Heart and Saint Joseph Hospitals. Associate Professor of Medicine, University of Wisconsin Madison at Eau Claire, Wisconsin. Actively involved in teaching family medicine residency program and nursing staff. Director of Infectious Diseases at LE Phillips Rehab Center, Eau Claire and Chippewa Falls. Chief Infectious Disease adviser to the Clearwater Care Center, Eau Claire, WI. Chief Infectious Disease adviser to the Dove Health and Rehab Center, Chippewa Falls, WI. Director of Infectious Diseases at Indian Head Medical Center.

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