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| Interpretation of the Western blot—More is not necessarily better. |
|  |  | **IgG** | **IgG** | **IgM** | **IgM** |
| **Band****kDa** | **Band importance** | **Ma et al.****2 of 6** | **CDC****5 of 10** | **Ma et al****2 of 5** | **CDC****2 of 3** |
| 18 | Thought to be specific |  |  |  |  |
| 22 | Thought to be specific |  |  |  |  |
| 23-25 | OSP-C highly specific |  |  |  |  |
| 28 | Not specific |  |  |  |  |
| 30 | Thought to be specific |  |  |  |  |
| 31 | OSP-A highly specific |  |  |  |  |
| 34 | OSP-B highly specific |  |  |  |  |
| 37 | Thought to be specific |  |  |  |  |
| 39 | Thought to be specific |  |  |  |  |
| 41 | Non-specific flagella |  |  |  |  |
| 45 | Non-specific |  |  |  |  |
| 58 | Non-specific |  |  |  |  |
| 66 | Non-specific |  |  |  |  |
| 73 | Non-specific |  |  |  |  |
| 88 | Thought to be specific |  |  |  |  |
| 93 | Thought to be specific |  |  |  |  |
| Engstrom found 2 of 5 bands to be highly sensitive and specific for Lyme disease (Engstrom 1995), while 46 of 66 symptomatic pediatric patients with a history of bulls eye rash and tick bite were negative by CDC criteria (Fawcett 1995 Rheumatology Symposia Abstract #1254.) The CDC criteria are intended only for surveillance purposes, not diagnosis. Many physicians interpret the Western blot based on the number and specificity of the patient’s bands. See also (Ma et al. 1989). |
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