

## Gastrointestinal Lyme

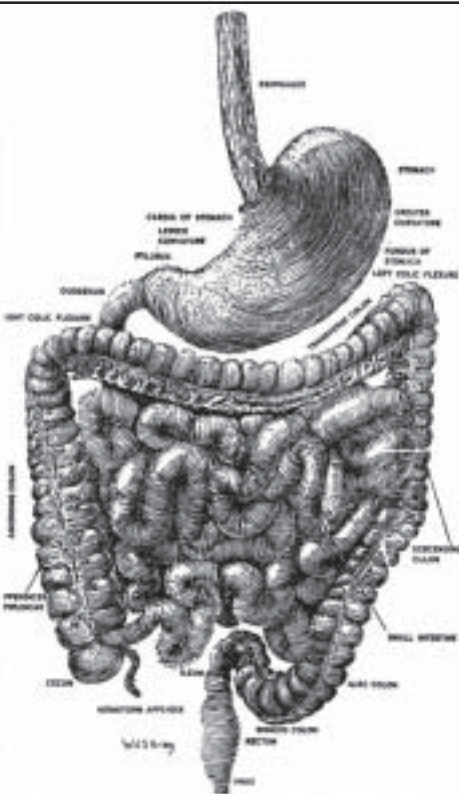
by Martin D. Fried, MD\*

Lyme disease has been reported in the gastrointestinal (GI) tract of children and adolescents. Pediatric gastrointestinal Lyme disease may present as abdominal pain, vomiting, diarrhea, heartburn, blood in the stool, and it may mimic Crohn's disease or colitis. Blood tests for diagnosing Lyme disease may be negative while gastrointestinal and other Lyme disease symptoms persist. The diagnosis is made clinically on the basis of symptoms and by excluding other possible etiologies. Once treatment has begun with antibiotics, most patients reported a decrease in the frequency and severity of their abdominal pain. In addition to antibiotics, a low fat diet further alleviated some of the abdominal symptoms associated with Lyme disease. In patients who reported having a crampy, colicky, below the belly button pain, treatment also included antispasmodic and anticholinergic medications. After treatment is completed, some residual abdominal pain may persist for a couple of months at a markedly reduced level of severity. This diminished pain usually represents the activation and persistence of the immune system to fighting the infection even long after the infection is gone. In addition to Lyme disease, other co-infections such as Bartonella, mycoplasma, H. pylori and babesia have been confirmed to occur in the GI tract.

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### Common GI Symptoms Due to Lyme Disease

- Gastroparesis
- Small intestinal bacteria overgrowth (SIBO)
- May mimic Crohn's disease or colitis



- Abdominal pain
- Vomiting
- Diarrhea
- Heartburn
- Blood in the stool

For further information, see Fried, M.D., M.E. Adelson, and E. Mordechai, *Simultaneous gastrointestinal infections in children and adolescents*. Practical Gastroenterology, Nov. 2004: p. 78.

Fried, M.D., M.P. Abel, D., and A. Bal, *The spectrum of gastrointestinal manifestations in Lyme disease*. J Pediatr Gastroenterology & Nutrition, 1999. 29(4): p. 495.