
Letters to the Editor

PARALYSIS OF RECURRENT LARYNGEAL NERVE IN LYME DISEASE

SIR,—Infection with *Borrelia burgdorferi* has been associated with symptoms relating to almost every cranial and most peripheral nerves.¹⁻⁴ We have seen a case where serologically confirmed *B burgdorferi* infection was associated with paralysis of the recurrent laryngeal nerve.

A 45-year-old singer who had been previously healthy had a sore throat with a general malaise on April 22, 1988, followed 1 day later by a left-sided neuralgia of the face and hoarseness which caused difficulty in speaking and singing. She consulted an otorhinolaryngologist who observed fixation of the left vocal cord due to a paralysis of the left recurrent laryngeal nerve. X-ray and computerised tomograph scans and a thyroid scintigram revealed no abnormalities. Although her sore throat and malaise improved the paralysis of the recurrent nerve remained unchanged.

Extensive clinical and laboratory examinations in late June, 1988, were normal. Even though the patient could not recall being bitten by a tick, borrelia antibodies were sought because she often walked in forests. Immunofluorescence (with a German borrelia isolate as antigen) revealed an IgG titre of 2560 (normal up to 80) and an IgM titre of 320 (normal up to 40). The TPHA test was negative. This suggested florid chronic *B burgdorferi* infection, and she was treated with doxycycline for 3 weeks.

After 14 days of therapy she began to improve and after a few weeks she could speak and sing again. Subsequent laryngoscopy revealed no abnormalities of the vocal cords. 6 weeks after the end of therapy her IgG titre was 640 and IgM 160.

These observations led us to the conclusion that *B burgdorferi* infection had caused a unilateral recurrent laryngeal nerve paralysis. In cases of otherwise unexplained recurrent nerve paralysis the possibility of Lyme disease should be borne in mind.

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