

P1355 **The problem of overreporting and overdiagnosing Lyme disease in Poland**

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**Background:** The incidence on Lyme Disease (LD) in Poland is over 55 cases / 100.000 and has increased significantly in last years. However, the clinical practice indicates that LD might be greatly overdiagnosed. Nonspecific musculoskeletal and joint pain are the most frequent cause of LD suspicion and hospitalization. Therefore the aim of the study was to evaluate the clinical picture of patients hospitalized because of LD.

**Materials/methods:** The medical documentation of 300 patients admitted to the Department of Infectious Diseases and Neuroinfection, Medical University of Białystok (reference centre for tick-borne diseases in the north-eastern Poland) with suspicion of LD in 2016 were analysed. Most of the patients were previously treated for LD because of positive serology and symptoms resembling LD - with no improvement. The collected data featured patients' age, gender, occupation, symptoms, clinical form of LD and final diagnosis.

**Results:** Lyme arthritis was confirmed in 9 out of 239 cases with joint pain and positive anti-*B.burgdorferi* serology. The rest of the patients were diagnosed with osteoarthritis, reactive arthritis, rheumatic arthritis, discopathy. In all patients the serological tests towards LD either in IgM or IgG results were positive. The majority of surveyed patients had BMI over 25, they suffered from many chronic diseases, e.g. osteoarthritis, hypertension, diabetes.

Neuroborreliosis was confirmed in 5 out of 42 patients with neurological symptoms and positive anti-*B.burgdorferi* serology. The rest of the patients was diagnosed as sclerosis multiple or discopathy.

Erythema migrans was diagnosed in 37 patients. One patient was diagnosed as Lyme carditis and one as ACA.

**Conclusions:** The reported incidence of LD in Poland may be overreported and overdiagnosed. There is a necessity of better tests for active LD confirmation, especially in patients with musculoskeletal pain, as seroprevalence of anti-*B. burgdorferi* antibodies is high in endemic regions. Moreover the differential diagnosis process must be always performed.