

**P1488 Lyme borreliosis or not Lyme borreliosis? A multidisciplinary approach to enable a right diagnosis and a better personalised medical support**

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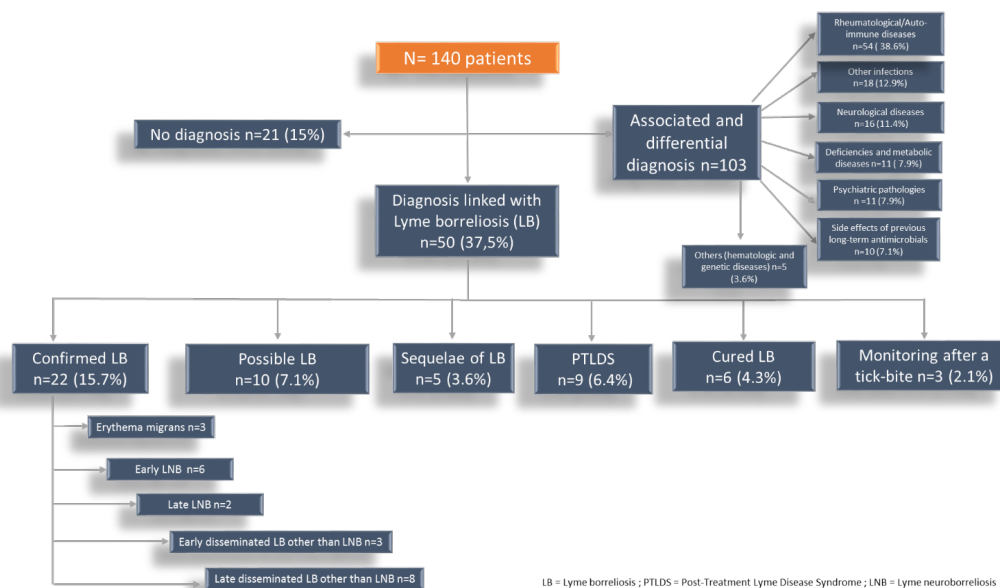
**Background:** Many patients presenting a suspicion of Lyme borreliosis (LB) undergo diagnosis wandering and difficult care paths. Therefore we created the Villeneuve-Saint-Georges Multidisciplinary Lyme borreliosis Center (VSG-MLC) (collaboration of the departments of infectious diseases, internal medicine, rheumatology, neurology, algology, dermatology, psychiatry and microbiology). We also provided family physicians with a dedicated phone line to manage patients.

**Materials/methods:** We retrospectively analyzed the characteristics of all adult patients consulting at the VSG-MLC, mainly referred by their family physicians (January-September 2018). We studied their care paths at the VSG-MLC, and the given answers, after a multidisciplinary consultation meeting. Patients presenting symptoms linked to LB were classified: (i) confirmed LB (ESGBOR criteria) ; (ii) possible LB (tick exposure and/or past history of erythema migrans, evoking clinical signs, and marked clinical improvement after one month of antibiotics); (iii) Post-Treatment Lyme Disease Syndrome (PTLDS) (asthenia/polyalgia/cognitive complaints after a proven LB treated as recommended by ESGBOR); (iv) sequelae (objective impairment after a proven LB treated as recommended by ESGBOR); (v) monitoring after a tick-bite; (vi) and cured patients.

**Results:** 140 patients consulted: 50 (35.7%) were followed in external consultations, 44 (31.4%) were hospitalized, 46 (32.9%) underwent a one-day hospital stay. 55 patients (39.3%) presented symptoms linked to LB: 22(15.7%) confirmed LB, 10(7.1%) possible LB, 9(6.4%) PTLDS, 5 (3.6%) sequelae, 3 (2.1%) monitoring after a tick-bite, 6(4.3%) cured LB. 103 patients (73.6%) had associated or differential diagnosis: other infectious diseases (n=18;12.9%); rheumatologic/auto-immune diseases (n=54;38.6%); neurological diseases (n=16;11.4%) ; deficiencies/metabolic diseases (n=11;7.9%); psychiatric diseases (n=11;7.9%); side effects of previous long-term antimicrobials (n=10;7.1%); hematologic diseases (n=3;2.1%), genetic diseases (n=2;1.4%). No diagnosis was found in 21 (15%). All patients had a proposal for care in the adapted sector in a personalized way to treat any disease and to relieve any symptoms even in the absence of diagnosis, especially in the Department of algology.

**Conclusions:** In accordance with previous studies, we found few LB cases. The multiplicity of associated or differential diagnosis found shows the complexity to diagnose LB without disregarding other major diagnosis, and

vice versa. The multidisciplinary care organization enables a more accurate diagnosis and a personalized medical support.



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