

MIGUEL A PEREZ-LIZANO

HR#: 6140-92-31 DOB: 12/29/1940 (59 yrs) Sex: M

number of negative or normal tests and evaluations to explain his symptoms.

The patient does not suffer from or have a h/o any atrioventricular blocks, focal central or peripheral nervous system signs/symptoms, focal or migratory arthritis, objective ophthalmologic findings.

The pt has ordered abx via the Internet and he intends to self treat for several months with amoxicillin 1 gm po tid. The aforementioned "literature" mentions a "cyst stage" that *B. burgdorferi* enters; and therefore he's convinced that he also needs an agent active against that. He plans to order tinidazole via the Internet and take that with the amoxicillin.

PMH: IHSS, mitral regurg, CAD, s/p IMI, incr cholesterol, h/o tobacco use, and back pain.

Meds & allergies: see below

SH: accompanied by one of his two daughters; he's a retired investment analyst (at age 42 due to 1st MI), semi-retired farmer, rare EtOH, 20 plus pk-yr tobacco hx, lived in the Bay area prior to moving to the Northwest.

ROS: see HPI

O> General: NAD

HEENT: nc/at, PERRLA, EOMI, sinuses NT, OP without lesions

Lymph nodes: no cervical, supraclavicular, axillary, epitrochlear or inguinal lymphadenopathy

Lungs: clear bilaterally

CV: RRR, nl S1, S2, 3/6 sys murmur loudest at base

Abd: pos bowel sounds, soft, NT, no HSM

Back: no spinal or CVA tenderness

GU/Rectal: deferred

Skin/extremities: normal

Neuro: non-focal

Labs: 5/19/000 Lyme ELISA = 0.38 (negative)

A> I don't believe the pt has any stage of Lyme disease based upon serological or clinical grounds. I would not treat him with any antibiotics. I spent most of the visit listening to all of his signs/symptoms and reasoning and advised him that I didn't think it added up to a diagnosis of late Lyme disease. He did not seem necessarily surprised. He verbalized plans to self-administer abx until he felt "well enough" to seek medical care from physicians "in California who know more about Lyme disease".

Unfortunately, pts such as this get most of their information from non-reviewed, non-mainstream print and electronic sources. They believe that there is no way to exclude the diagnosis of Lyme in the presence of numerous non-specific symptoms. They also believe "their literature" that states that non-response to abx requires recurrent or longer courses of abx (eg. months, if not indefinite treatment) as well as higher dosages than standard recommendations.

P> As above. Advised the pt that the Abx he intended to take are relatively harmless, but that risks of adverse drug reactions and *C. dif* colitis need to be watched for. I asked him to keep me up to date on his progress. I also advised him that I would research the topic some more and as new data comes available and let him know if I changed my opinion. I have reviewed the available peer-reviewed literature and latest diagnostic & treatment guidelines - and currently abide by my original assessment.

A copy of the pt's provided history will be kept in his paper chart for future reference.