

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

LYME DISEASE CASES ON THE RISE IN TUNISIA

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Background: Lyme borreliosis (LB) represents a new global public health problem. It is now the most common vector-borne disease in Europe and North America. The causative agent Borrelia burgdorferi sl is a bacterial species complex comprising 12 delineated and named species. In North Africa and particularly in Tunisia, few studies based on clinical and serological features, have suggested that LB could occur. Indeed, recent studies conducted in Tunisia, Algeria and Morocco have shown that Ixodes ricinus is present in cooler and humid area of these regions. However, some authors believe to this day that LB does not exist in Tunisia. LB has varied cutaneous manifestations that differ among the 3 stages of Lyme disease: solitary erythema migrans (stage 1), multiple erythema migrans (stage 2), borrelial lymphocytoma (stage 2), and acrodermatitis chronica atrophicans (stage 3).

Observations: We report six clinical cases of LB confirmed by typical clinical presentations and favorable evolutions under cyclines or aminopenicillins. Five of them were complaining of erythema migrans, and one was an infant with a typical borrelial lymphocytoma of the trunk.

Key message: A team from the Pasteur Institute of Tunis was able to isolate and identify several strains of Borrelia burgdorferi sp from Ixodes ricinus ticks with a prevalence of about 30%. These tick species that carry Borrelia are common in the forest regions of Tunisia, particularly those in the north-west, which have a favorable climate for their development (Bouattour et al, 2000, Arch IPT). These observations provide the evidence for the existence of cases of LB in Tunisia, where it remains a hidden disease, misunderstood and not recognized by Dermatolgists.





