

A Case of Acute Febrile Illness accompanied by 7th and 12th Cranial Nerve Palsy due to Lyme Disease following Travel to Rural Ecuador



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INTRODUCTION

Lyme disease is caused by the bacteria, *Borrelia burgdorferi*



The vector (*Ixodes* tick) is mostly found in Canada, northern USA, & temperate Europe



Due to distribution of *Ixodes* tick, Lyme disease is rarely travel-related



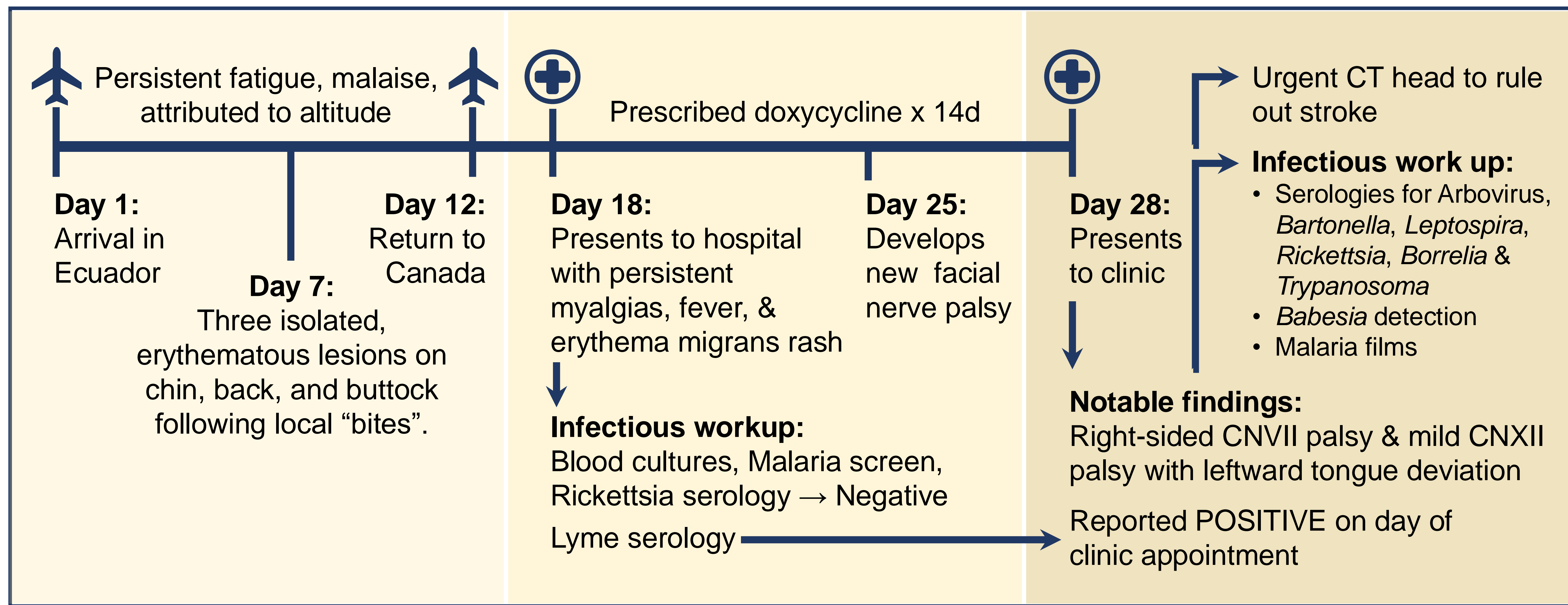
Herein, we describe a case of a 65-year-old Canadian man who was referred to our clinic for evaluation of rash, fever, & unilateral facial palsy following a 12-day trip to Ecuador including the Galapagos islands four weeks prior to clinic visit.

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CASE TIMELINE



CLINICAL OUTCOME

Investigations

Remaining infectious work up negative. No evidence of stroke or intracranial process on CT head.

Management


Patient prescribed an additional 2-weeks of doxycycline due to involvement of multiple cranial nerves.

Investigations

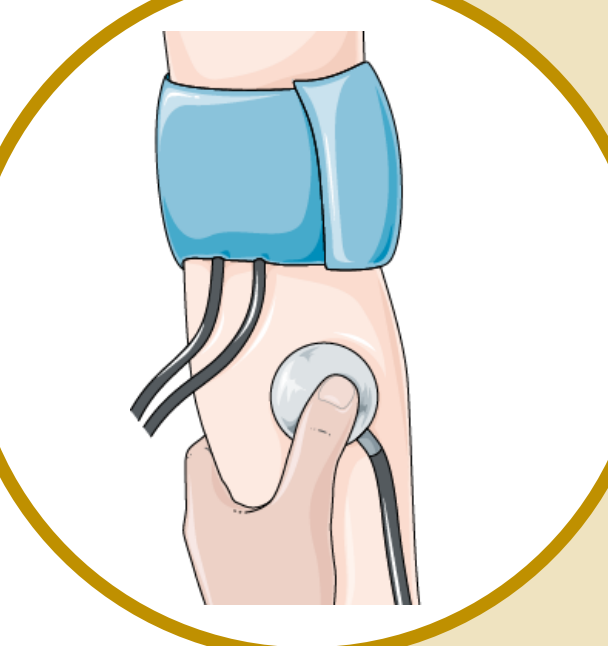
Improved CN VII palsy & resolved CN XII palsy at 2-week follow-up. Complete symptom resolution at 6-week follow-up.

LEARNING POINTS

Lower cranial nerve deficits are rare, but reported, in cases of neuroborreliosis¹⁻³.



Symptoms that are atypical for a proposed infectious process should prompt investigation of non-infectious etiologies.



Consider peri-travel activities & expanding vector ranges when evaluating febrile travelers².

