

Preface

'Lyme disease', so called since Steere et al. [1, 2] inquired into an arthritis epidemic among young children in the community of Old Lyme, Conn., USA, in the late 1970s, has a very long European history. Its cutaneous manifestations, the most frequent signs of the disease, had already been described at the end of the 19th century and the beginning of the 20th century by physicians like Buchwald, Pick, Herxheimer, Hartman, Afzelius and Lipschütz [3–5]. Additionally, two French physicians in a landmark paper published in 1922, Garin and Bujadoux [6], reported a patient who developed erythema chronicum migrans followed by painful meningoradiculitis. Shortly before the symptoms began, this patient was bitten by a tick and he had a positive Bordet-Wasserman test, which was used at this time to diagnose syphilis. They stated, however, that although this test was positive, this patient did not have syphilis, and concluded that this patient had a tick-borne disease that induced cutaneous and neurological manifestations caused by a spirochete different from *Treponema pallidum*. It was not until the early 1980s that their prediction proved to be correct, when Burgdorfer et al. [7] were able to isolate a bacterium belonging to the family of Spirochaetaceae, first from ticks and then from humans. Interestingly, the first North American observation of Lyme disease, a patient with erythema migrans, was only published in 1970 [8].

In the years after the isolation of the causative bacterium, it was quickly shown that there were significant differences in disease expression between North America and Europe. Furthermore, it could be shown that there was 1 predominant species of *Borrelia* in North America, while there were at least 4 different pathogenic species in Europe [9, 10].

Thus, this disease has a long European history, and therefore to us it seemed necessary to specifically address 'Lyme disease' in Europe (or should we call it 'European borreliosis?').

We have the great privilege in this volume of *Current Problems in Dermatology* to coordinate a special overview of Lyme disease. The texts were written by some of the top European experts in this field. Though this volume is published in a dermatological book series, all the aspects of Lyme disease are addressed. Microbiologists, infectious disease specialists, neurologists, rheumatologists, internists and dermatologists all contributed to this volume. Indeed, our main goal was to cover a broad range of the characteristics of the disease and to provide current state-of-the-art guidelines on epidemiology, diagnosis, treatment, bacteriology and serology, rather than focus exclusively on the skin disease.

In the last part of this volume, some important topics are addressed in the form of questions. This part of the books deals with questions that are often asked of experts, including ‘What should one do in case of a tick bite?’, ‘When is the best time to order a Western blot and how should it be interpreted?’, ‘Is serological follow-up useful for patients with cutaneous Lyme borreliosis?’, ‘How do I manage tick bites and Lyme borreliosis in pregnant women?’, ‘What should be done in case of persistent symptoms after adequate antibiotic treatment for Lyme disease?’ and ‘What are the indications for lumbar puncture in patients with Lyme disease?’.

We sincerely hope that this book will be of help and interest to all physicians involved in the diagnosis and care of patients with Lyme borreliosis.

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References

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