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Introduction

Lyme disease is called the disease with a thousand faces because by a ecting the entire body its symptoms mimic many diseases. Lyme disease is the most common tick-borne infection in the U.S., the disease to humans through tick bite. Infection is systemic, a ecting the entire body and depending on the clinical presentation known three stages: early disease, early disseminated disease, and late disease [1-3].

In early disease patients may present with the typical rash, erythema migrans (EM). Patients may complain of a ulike illness characterized by fever, myalgias, arthralgias, headache, and malaise. Early disseminated disease is characterized by multiple EM lesions. ese patients may complain of fever, myalgias, arthralgias, malaise, and headache. Of disseminated disease manifestations note the following: regional or generalized lymphadenopathy, conjunctivitis, carditis, meningism as a sign of aseptic meningitis, and cranioneuropathy, especially peripheral seventh nerve palsy. Late disease is most severe as it causes problems in almost all body systems. Its hallmark is arthritis [1,4,5].

Diagnosis is based on recognition of the characteristic clinical manifestations and serologic con rmation of disease by highlighting Borrelia antibodies [1,5].

Treatment for all stages of Lyme disease involves antibiotics [6].

Case Report

e patient is a girl aged 14 years and 11 months admitted to our our clinic.

Physical ndings are the following: malaise, episodes of dizziness, fever, fatigue, throat and tonsils congested, adenopathy, and rash. According to clinical manifestations and physical ndings were taken

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