

[ PICTURES IN CLINICAL MEDICINE ]

## *Borrelia miyamotoi* Disease Rash

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**Picture 1.**



**Picture 2.**



**Picture 3.**

The patient was a 32-year-old Japanese man who had traveled to New Orleans for 5 days. Twenty days after returning home, he was referred to our department because of fever and systemic muscle pain. He was considered to have

been at risk of encountering tick bites during activities such as walking around a river in New Orleans. A physical examination revealed distinctive rashes of 1-cm in diameter on the left auricle (Picture 1) and chest (Picture 2, 3). His serum aminotransferase levels were highly elevated.

The patient was diagnosed with *Borrelia miyamotoi* disease (BMD). He was seropositive for IgM antibodies to glycerophosphodiester phosphodiesterase (GlpQ) antigen. *Borrelia burgdorferi* co-infection could not be confirmed by nucleic acid amplification or Western blotting of paired serum for IgM and IgG.

A case of small BMD rash without co-infection was previously reported (1). Clinicians should consider the possibility of BMD when they encounter febrile patients with a distinctive rash who have a history of travel to a BMD-endemic area.

**The authors state that they have no Conflict of Interest (COI).**

### Reference

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