

Serologie Lyme – Borreliose

Immunglobulin G Halbwertszeit, Half-life of immunoglobulin G

Morell A, Terry WD, Waldman TA (1970) Metabolic properties of IgG sub classes in man. J clin. Invest. 49, 673-680.

Riesen W (1980) Struktur und biologische Eigenschaften von Immunglobulinen und γ -Globulin-Präparaten. 1. Struktur und Funktion von Immunglobulinen. Schweiz. med. Wschr. 110, 74-79.

Boger RH, Bode-Boger SM, Frolich JC (1995) Intravenöse Immunglobuline Grundlagen, Auswahlkriterien und Indikationen für ihren prophylaktischen und therapeutischen Einsatz. Medizinische Klinik 90, 520-526 (Nr. 9), Urban & Vogel, München

http://www.med.uni-magdeburg.de/fme/institute/ikp/publikationen/publikationen1995/med_klinik520.pdf

„Die mittlere biologische Halbwertszeit von Immunglobulin G beträgt etwa 21 Tage“.
“The mean biological half-life of immunoglobulin G is 21 days.”

Immunglobulin Halbwertszeiten in Vivo. Immunglobulins half-life times of immunoglobulins in vivo.

<http://www.spektrum.de/lexikon/biologie/immunglobuline/33803> (1999) Spektrum Akademischer Verlag, Heidelberg

„Die in Vivo Halbwertszeit von IgG und IgM liegt zwischen 7 und 21 Tagen“ [7 to 21 days]

<https://de.wikipedia.org/wiki/Antik%C3%B6rper>

„Die in-vivo Halbwertszeit von IgG bei Patienten mit primärem Antikörpermangelsyndrom beträgt 35 Tage. Die Halbwertszeit von IgG kann jedoch von Patient zu Patient variieren, vor allem bei Patienten mit primären Immunmangelsyndromen“. [35 days]

http://members.inode.at/593070/patho/04_immuno/Ig_Isotypen.htm

„Biol. Halbwertszeit 20-23 Tage“ [20 to 23 days]

<http://www.chemie.de/lexikon/Antik%C3%B6rper.html>

„Die in-vivo Halbwertszeit von IgG bei Patienten mit primärem Antikörpermangelsyndrom beträgt 35 Tage. Die Halbwertszeit von IgG kann jedoch von Patient zu Patient variieren, vor allem bei Patienten mit primären Immunmangelsyndromen. Immunglobuline und IgG-Komplexe werden in den Zellen des mononukleären phagozytischen Systems abgebaut“. [35 days]

Irani V, Guy AJ, Andrew D et al. (2015) Molecular properties of human IgG subclasses and their implications for designing therapeutic monoclonal antibodies against infectious diseases. *Mol Immunol*. pii: S0161-5890(15)00359-4. doi: 10.1016/j.molimm.2015.03.255.

<http://www.ncbi.nlm.nih.gov/pubmed/25900877>

Burgdorfer W, Barbour AG, Hayes SF, Benach JL, Grunwaldt E, Davis JP. (1982) **Lyme disease-a tick-borne spirochetosis?** *Science*. 216(4552), 1317-9.

<http://www.ncbi.nlm.nih.gov/pubmed/?term=Burgdorfer+w+science+1982>

„Samples of serum from patients with Lyme disease were shown by indirect immunofluorescence to contain antibodies to this agent. It is suggested that the newly discovered spirochete is involved in the etiology of Lyme disease.“

[Steere AC](#), [Grodzicki RL](#), [Kornblatt AN](#), [Craft JE](#), [Barbour AG](#), [Burgdorfer W](#), [Schmid GP](#), [Johnson E](#), [Malawista SE](#) (1983) **The spirochetal etiology of Lyme disease.** *N Engl J Med.* 308(13), 733-40. <https://www.ncbi.nlm.nih.gov/pubmed/6828118>

Ackermann R, Boisten HP, Kabatzki J, Runne U, Krüger K, Herrmann WP (1984) Serumantikörper gegen Ixodes-ricinus-Spirochäte bei Acrodermatitis chronica atrophicans (Herxheimer). *Dtsch med Wochenschr* 109(1), 6-10 DOI: 10.1055/s-2008-1069128 <https://www.thieme-connect.com/ejournals/abstract/10.1055/s-2008-1069128>
"Using indirect immunofluorescence, IgG antibodies against the recently detected Ixodes-ricinus-spirocheta, which causes erythema chronicum migrans, could be demonstrated in all 21 persons with acrodermatitis chronica atrophicans. Titers were from 1 : 64 to 1 : 1024, specific IgM antibodies were demonstrable in only 5 patients in a titer of 1 : 64. Even after treatment with penicillin high IgG antibody titers of up to 1 : 1024 were found".

Craft J, Fischer DK, Shimamoto GT, Steere AC. (1986) Antigens of *Borrelia burgdorferi* Recognized during Lyme Disease appearance of a **new Immunoglobulin M response** and expansion of the immunoglobulin G response late in the illness. *J. Clin. Invest.* 1978: 934-939.

[Dattwyler RJ](#), [Volkman DJ](#), [Luft BJ](#), [Halperin JJ](#), [Thomas J](#), [Golightly MG](#) (1988) **Seronegative Lyme disease.** Dissociation of specific T- and B-lymphocyte responses to *Borrelia burgdorferi*. *N Engl J Med.* 319(22), 1441-6. DOI: 10.1056/NEJM198812013192203 <http://www.nejm.org/doi/full/10.1056/NEJM198812013192203>

Hansen K, Asbrink E. (1989) Serodiagnosis of erythema migrans and acrodermatitis chronica atrophicans by the *Borrelia burgdorferi* flagellum enzyme-linked immunosorbent assay. *J Clin Microbiol* 27(3), 545-41.

Luger SW, Krauss PJ. (1990) Serologic tests for Lyme disease: interlaboratory variability. *Arch Intern Med* 150, 761-763.

Schutzer SE, Coyle PK, Belman AL, Golightly MG, Drulle J (1990) Sequestration of antibody to *Borrelia burgdorferi* in **immune complexes** in **seronegative Lyme disease.** *Lancet* 335, 312-315.

DORWARD DW, SCHWAN TG, GARON CF (1991) **Immune Capture and Detection of *Borrelia burgdorferi* Antigens in Urine, Blood, or Tissues from Infected Ticks, Mice, Dogs, and Humans.** *JOURNAL OF CLINICAL MICROBIOLOGY*, 1162-1170. 0095-1137/91/061162-09\$02.00/0
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC269963/pdf/jcm00042-0088.pdf>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC269963/>

Hansen K, Pii K, Lebech AM (1991) **Improved immunoglobulin M serodiagnosis** in Lyme borreliosis by using a μ -captured enzyme-linked immunosorbent assay with biotinylated *Borrelia burgdorferi* flagella. *J Clin Microbiol* 29, 166-173.

[Schierz G](#), [Weber K](#), [Burgdorfer W](#) (1992) *Aspects of Lyme Borreliosis.* Springer; Auflage: 1 <http://www.amazon.de/Aspects-Lyme-Borreliosis-G-Schierz/dp/3540556281>

Bakken LK, Case KL, Callister SM, Bourdeau NJ, Schell RF. (1992) Performance of 45 laboratories participating in a proficiency testing program for Lyme disease serology. *JAMA* 268, 891-5.

Ma B, Christen B, Leung D, Vigo-Pelfrey C. (1992) Serodiagnosis of Lyme borreliosis by Western immunoblot: reactivity of various significant antibodies against *Borrelia burgdorferi*. *J Clin Microbiol* 30, 370-6.

Feder HM Jr, Gerber MA, Luger SW, Ryan RW. (1992) **Persistence of serum antibodies to Borrelia burgdorferi** in patients treated for Lyme disease. Clin Infect Dis 15, 788–93.

Banyas GT. (1992) Difficulties with Lyme serology. J Am Optom Assoc 63(2), 135-139.

Dressler F, Whalen JA, Reinhardt BN, Steere AC (1993) Western blotting in the serodiagnosis of Lyme disease. J Infect Dis 167, 392-400. [Abstract/FREE Full Text](#)

[Aguero-Rosenfeld ME](#), [Nowakowski J](#), [McKenna DF](#), [Carbonaro CA](#), [Wormser GP](#). (1993) Serodiagnosis in early Lyme disease. J Clin Microbiol. 31(12), 3090-5
<http://www.ncbi.nlm.nih.gov/pubmed/8308100>
“Seroconversion was observed in 74 and 64% of evaluable patients by ELISA and IB, respectively, despite the use of antibiotic therapy”.

Wilske B, Fingerle V, Herzer P, Hofmann A, Lehnert G, Peters H, Pfister HW, Preac-Mursic V, Soutschek E, Weber K. (1993) Recombinant immunoblot in the serodiagnosis of Lyme borreliosis. Comparison with indirect immunofluorescence and enzyme-linked immunosorbent assay. Med Microbiol Immun 182(5), 255-70.

Schubert HD, Greenebaum E (1994) Cytologically proven **seronegative Lyme** choroiditis and vitriitis. Retina 14, 39-42.

(1995) Centers for Disease Control and Prevention. Recommendations for test performance and interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease. MMWR Morb Mortal Wkly Rep 44, 590–1.

Engstrom SM, Shoop E, Johnson RC. (1995) Immunoblot interpretation criteria for serodiagnosis of early Lyme disease. J Clin Microbiol 33, 419–27. [**Spezifität 96%, Sensitivität 55%**]

Oksi J, Uksila J, Marjamäki M et al. (1995) Antibodies against Whole Sonicated Borrelia burgdorferi Spirochetes, 41-Kilodalton Flagellin, and P39 Protein in Patients with PCR- or Culture-Proven Late Lyme Borreliosis. J Clin Microbiol. 33(9), 2260-2264.

Lawrence C, Lipton R, Lowy R, Coyle PK (1995) **Seronegative chronic relapsing neuroborreliosis**. Eur Neurol 35(2), 113-117.

Coyle PK, SE Schutzer et al. (1995) Detection of Borrelia burgdorferi specific antigen in **antibody-negative cerebrospinal fluid** in neurologic Lyme disease. Neurology 45, 2010-2015.

[M E Aguero-Rosenfeld](#), [J Nowakowski](#), [S Bittker](#), [D Cooper](#), [R B Nadelman](#), and [G P Wormser](#) (1996) Evolution of the serologic response to Borrelia burgdorferi in treated patients with culture-confirmed erythema migrans. J Clin Microbiol. 34(1), 1–9. PMCID: PMC228718 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC228718/>
“We investigated the appearance and evolution of immunoglobulin M (IgM) and IgG antibodies to Borrelia burgdorferi in 46 patients with culture-proven erythema migrans (EM). All patients received antimicrobial treatment and were prospectively evaluated for up to 1 year. A total of 257 serially collected serum samples were tested by commercial IgG-IgM enzyme-linked immunosorbent assay and separate IgM and IgG immunoblots (IBs). At the baseline, 33% of the patients had a positive ELISA result and 43% of the patients had a positive IgM IB result by using the criteria of the Centers for Disease Control and Prevention-Association of State and Territorial Public Health Laboratory Directors for the interpretation of IB results. Positive serology at the baseline and the rate of seroconversion correlated directly with disease duration and/or evidence of dissemination prior to treatment.”

Mouritsen CL, Wittwer CT, Litwin CM, Yang L, Weis JJ, Martins TB, Jaskowski TD, Hill HR (1996) Polymerase chain reaction detection of Lyme disease: correlation with clinical

manifestations and serologic responses. Am J Clin Pathol 105, 647-654.

<http://www.ncbi.nlm.nih.gov/pubmed/8623775>

“In 29 serologic positive samples (14 IgG and IgM positive, 9 IgM alone and 6 IgG alone), B burgdorferi DNA was not detected. In contrast, nine serum samples and one synovial fluid from patients with definite clinical features of Lyme disease were found to be negative by EIA and Western blot analysis for IgG and IgM antibody, but contained B burgdorferi DNA, as detected by PCR. Polymerase chain reaction analysis of serum and synovial fluid may be of significant diagnostic value in Lyme disease, especially in the absence of a serologic response in early, partially treated and seronegative chronic disease.”

Aguero-Rosenfeld ME, Nowakowski J, McKenna DF et al. (1996) Evolution of the serologic response to Borrelia burgdorferi in treated patients with cultureconfirmed erythema migrans. J Clin Microbiol 34, 1-9.

Johnson BJ, Robbins KE, Bailey RE, et al. (1996) Serodiagnosis of Lyme disease: **accuracy of a two-step approach using a flagella-based ELISA and immunoblotting**. J Infect Dis 174, 346–53.

Wormser GP, Horowitz HW, Dumler SJ, Schwartz I, Aguero-Rosenfeld M (1996) **False-positive Lyme disease serology in human granulocytic ehrlichiosis**. Lancet 347,981-2. [CrossRefMedlineWeb of Science](#)

Luft BT, Dattwyler RJ, Johnson RC, Luger SW, Bosler EM, Rahn DW, Masters EJ, Grunwaldt E, Gadgil SD (1996) Azithromycin compared with amoxicillin in the treatment of erythema migrans. A double-blinded, randomized controlled trial. Ann Int Med 124, 785-791.

<http://www.ncbi.nlm.nih.gov/pubmed/8610947>

57% of patients who had relapsed were seronegative at the time of relapse.

Hilton E, Devoti J, Sood S. (1996) Recommendation to include OspA and OspB in the new immunoblotting criteria for serodiagnosis of Lyme disease. J Clin Microbiol 34, 1353–4.

Ledue TB, Collins MF, Craig WY. (1996) New laboratory guidelines for serologic diagnosis of Lyme disease: evaluation of the two-test protocol. J Clin Microbiol 34, 2343–50. **[Spezifität 100%, Sensitivität 44%]**

Tilton RC, Sand MN, Manak M. (1997) The Western immunoblot for Lyme disease: determination of sensitivity, specificity, and interpretive criteria with use of commercially available performance panels. Clin Infect Dis 25(Suppl 1), S31-4. **[Spezifität 100%, Sensitivität 45%]**

Bakken LL, Callister SM, Wand PJet al. (1997) Interlaboratory comparison of test results for detection of Lyme disease by 516 participants in the Wisconsin State Laboratory of Hygiene/College of American Pathologists Proficiency Testing Program. J Clin Microbiol 35(3), 537-43.

Tugwell P, Dennis DT, Weinstein A, et al. (1997) Laboratory evaluation in the diagnosis of Lyme disease. Ann Intern Med 127, 1109-23. [Abstract/FREE Full Text](#)

Hilton E, Tramontano A, DeVoti J, and Sood SK. (1997) Temporal study of **immunoglobulin M seroreactivity** to Borrelia burgdorferi in patients treated for Lyme borreliosis. J Clin Microbiol 35(3), 774-776.

Coyle PK. (1997) Advances and pitfalls in the diagnosis of Lyme disease. FEMS Immun Med Microbiol 19, 103-109.

Akin E, McHugh GI, Flavell RA, Fikrig E, Steere AC (1999) The immunoglobulin (IgG) antibody response to OspA and OspB correlates with severe and prolonged Lyme arthritis and the IgG response to P35 with mild and brief arthritis. Infect Immun 67, 173-181.

Trejejo RT, Krause PJ, Sikand VK, et al (1999) Evaluation of two-test serodiagnostic method for early Lyme disease in clinical practice. J Infect Dis 179, 931-8. [Abstract/FREE Full Text](#) [**Spezifität 100%, Sensitivität 29%**]

Brown SL, Hanson SL, Langone JJ. (1999) Role of serology in the diagnosis of Lyme disease. JAMA 282, 62–6.

Logigian EL, Kaplan RF, Steere AC. (1999) Successful treatment of Lyme encephalopathy with intravenous ceftriaxone. J Infect Dis 180 377–83.
17% of the patients with documented Lyme encephalopathy were seronegative.

Liang FT, Steere AC, Marques AR, Johnson BJ, Miller JN, Philipp MT (1999) Sensitive and specific serodiagnosis of Lyme disease by enzymelinked immunosorbent assay with a peptide based on an immunodominant conserved region of Borrelia burgdorferi VlsE. J Clin Microbiol 37, 3990-6. [Abstract/FREE Full Text](#)

Lawrenz MB, Hardham JM, Owens RT et al. (1999) Human antibody responses to **VlsE** antigenic variation protein of Borrelia burgdorferi. J Clin Mikrobiol. 37, 3997-4004

Kaiser R. (2000) **False negative serology in patients with neuroborreliosis** and the value of employing of different borrelial strains in serological assays. J Med Microbiol 49(10), 911-915.

Wilmers A (2000) Die **Antikörperdynamik** bei der Lyme Borreliose. Inauguraldissertation Med. Fak. Köln.
http://books.google.de/books/about/Die_Antik%C3%B6rperdynamik_bei_der_Lyme_Borr.html?id=d6RfywAACAAJ&redir_esc=y

Kalish RA, McHugh G, Granquist J, Shea B, Ruthazer R, Steere AC (2001) **Persistence of IgM or IgG** antibody responses to Borrelia burgdorferi 10 to 20 years after active Lyme disease. Clin Infect Dis 33, 780-5. [Abstract/FREE Full Text](#) <http://cid.oxfordjournals.org/content/33/6/780.full>

Dumler JS (2001) Molecular diagnosis of Lyme disease: review and metaanalysis. Mol Diagn 6, 1–11

Nowakowski J, Schwartz I, Liveris D et al. (2001) Laboratory Diagnostic Techniques for Patients with Early Lyme Disease Associated with Erythema Migrans: A Comparison of Different Techniques. Clinical Infectious Diseases 33, 2023–7 _ 2001 by the Infectious Diseases Society of America. [**Spezifität 99%, Sensitivität 68%**]

Van Dam AP (2001) Recent advances in the diagnosis of Lyme disease. Expert Rev Mol Diagn 1, 413–27

Breier F, Khanakah G, Stanek G, Aberer E, Schmidt B, Tappeiner G. (2001) Isolation and polymerase chain reaction typing of Borrelia afzelii from a skin lesion in a **seronegative patient** with generalized ulcerating bullosus lichen sklerosus et atrophicus. Br J Dermatol 144, 387-392

Grignolo MC, L Buffrini, P Monteforte, G Rovetta. (2001) Reliability of a polymerase chain reaction (PCR) technique in the diagnosis of Lyme borreliosis. Minerva Med. 92(1), 29-33
<http://www.ncbi.nlm.nih.gov/pubmed/11317136>

True positives at clinical examination but negatives at serologic tests. “The obtained results suggested a good reliability of positive results obtained with the PCR technique used in this study and allowed the false negatives of serologic tests to be detected”

Dejmková H, D Hulinska, D. Tegzová, K Pavelka, J Gatterová, and P Vavřík. (2002) **Seronegative Lyme arthritis** caused by *Borrelia garinii*. Clin Rheumatol 21, 330-334.

Tylewska-Wierzbanska S, Chmielewski T. (2002) Limitation of serological testing for Lyme borreliosis: evaluation of ELISA and western blot in comparison with PCR and culture methods. Wien Klin Wochenschr 114(13-14), 601-5. <http://www.ncbi.nlm.nih.gov/pubmed/12422608>
“No correlation was found between levels of specific *B. burgdorferi* antibodies detected with a recombinant antigen ELISA and the number of protein fractions developed with these antibodies by immunoblot. Moreover, Lyme borreliosis patients who have live spirochetes in body fluids have low or negative levels of borrelial antibodies in their sera. This indicates that an efficient diagnosis of Lyme borreliosis has to be based on a combination of various techniques such as serology, PCR and culture, not solely on serology.”

Magnarelli LA, Lawrenz M, Norris S, Fikrig S (2002) Comparative reactivity of human sera to recombinant VlsE and other *Borrelia burgdorferi* antigens in class-specific enzyme-linked immunosorbent assays for Lyme borreliosis. J. Medical Microbiol. 51, 649-655.

Hunfeld KP, Stanek G, Straube E, Hagedorn HJ, Schörner C, Mühlischlegel F, Brade V. (2002) Quality of Lyme disease serology. Lessons from the German Proficiency Testing Program 1999-2001. A preliminary report. Wien Klin Wochenschr.114(13-14), 591-600. <http://www.ncbi.nlm.nih.gov/pubmed/12422607>

“In view of our results further standardisation of Lyme disease serology is not just desirable but is urgently needed. Moreover, stronger criteria for the validation of available test kits must be applied.”

Bacon RM, Biggerstaff BJ, Schriefer ME, et al (2003) Serodiagnosis of Lyme disease by kinetic enzyme-linked immunosorbent assay using recombinant **VlsE** or peptide antigens of *Borrelia burgdorferi* compared with 2-tiered testing using whole-cell lysates. J Infect Dis 187, 1187-99. [Abstract/FREE Full Text \[Spezifität 99%, Sensitivität 67%\]](#)

(2003) Seronegativity in Lyme borreliosis and Other Spirochetal Infections.

<http://www.lymeinfo.net/medical/LDSeronegativity.pdf>

“If false results are to be feared, it is the false negative result which holds the greatest peril for the patient.”

Panelius J, Lahdenne P, Saxen H et al. (2003) Diagnosis of Lyme Neuroborreliosis with Antibodies to Recombinant Proteins DbpA, BBK32, and OspC, and VlsE IR6 Peptide. Journal of Neurology, 250, 1318-1327. <http://dx.doi.org/10.1007/s00415-003-0205-2>

Ekerfelt C, Ernerudh J, Forsberg P, et al. (2004) Lyme borreliosis in Sweden—diagnostic performance of five commercial *Borrelia* serology kits using sera from well-defined patient groups. APMIS 112, 74–8.

Mogilyansky E, Loa CC, Adelson ME, Mordechai E, Tilton RC (2004) Comparison of Western immunoblotting and the C6 Lyme antibody test for laboratory detection of Lyme disease. Clin Diagn Lab Immunol 11, 924-9. [CrossRefMedline](#)

Marangoni A, Sparacino M, Cavrini F et al. (2005) Comparative evaluation of three different ELISA methods for the diagnosis of early culture-confirmed Lyme disease in Italy. J Med Microbiol 54, 361-367

DePietropaolo DL, Powers JH, Gill Jm Foy AJ (2005) Diagnosis of Lyme disease. Am Fam Physician 72(2), 297-304 <http://www.ncbi.nlm.nih.gov/pubmed/16050454>

[Aguero-Rosenfeld](#) ME, [Wang](#) G, [Schwartz](#) I, [Wormser](#) GP (2005) Diagnosis of Lyme Borreliosis. Clin Microbiol Rev. 18(3), 484–509. doi: [10.1128/CMR.18.3.484-509.2005](https://doi.org/10.1128/CMR.18.3.484-509.2005)
PMCID: PMC1195970 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1195970/>

Coulter P, Lema C, Flayhart D et al. (2005) Two-Year Evaluation of *Borrelia burgdorferi* Culture and Supplemental Tests for Definitive Diagnosis of Lyme Disease. *J Clin Microbiol*. 43(10), 5080–5084. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1248466/> [**Sensitivität 25%**]

(2005) Centers for Disease Control and Prevention. Notice to readers: caution regarding testing for Lyme disease. *MMWR Morb Mortal Wkly Rep* 54, 125–6.

Smismans A, Goossens VJ, Nulens E et al. (2006) Comparison of five different immunoassays for the detection of *Borrelia burgdorferi* IgM and IgG antibodies. *Clin Microbiol Infect*. 12, 648-655 <http://www.ncbi.nlm.nih.gov/pubmed/16774561>

Sillanpää H, Lahdenne P, Sarvas H, Arnez M, Steere A, Peltomaa M, Seppälä I. (2007) Immune responses to borrelial VlsE IR6 peptide variants. *Int J Med Microbiol* 297, 45-52.

Gomes-Solecki MJ, Meirelles L, Glass J, Dattwyler RJ. (2007) Epitope length, genospecies dependency, and serum panel effect in the IR6 enzyme-linked immunosorbent assay for detection of antibodies to *Borrelia burgdorferi*. *Clin Vaccine Immunol* 14, 875-9.

Stricker RB, Johnson L. (2007) Lyme wars: let's tackle the testing. *BMJ*. 335(7628),1008.

Holl-Weiden A, Suerbaum S, Girschick HJ. (2007) **Seronegative Lyme arthritis**. *Rheumatology International* 11, 1091-1093.

Wilske B, Fingerle V, Schult-Spechtel U (2007) Microbiological and serological diagnosis of Lyme borreliosis. *FEMS Immunol Med Microbiol* 49, 13-21
<http://www.ncbi.nlm.nih.gov/pubmed/17266710>

Canadian Public Health Laboratory Network. (2007) The laboratory diagnosis of Lyme borreliosis: Guidelines from the Canadian Public Health Laboratory Network. *Can J Infect Dis Med Microbiol* 18(2), 145-148 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2533539/>

Gasiorowski J, Witecka-Knysz E, Knysz B, et al. (2007) Diagnostics of Lyme disease. *Med Pr* 58(5), 439-47. [Abstract](#)

Skarpaas T, Liostad U, Sobye M, Mygland A (2007) Sensitivity and Specificity of a Commercial **C6 Peptide Enzyme Immuno Assay** in Diagnosis of Acute Lyme Neuroborreliosis. *European Journal of Clinical Microbiology Infectious Diseases*, 26, 675-677. <http://dx.doi.org/10.1007/s10096-007-0336-y>

Tjernberg I, Schon T, Ernerudh J, Wistedt AC, Forsberg P, Eliasson I (2008) **C6-Peptide Serology** as Di-agnostic Tool in Neuroborreliosis. *APMIS*, 116, 393-399.
<http://dx.doi.org/10.1111/j.1600-0463.2008.00842.x>

Marangoni A, Moroni A, Accardo S, et al. (2008) *Borrelia burgdorferi* VlsE antigen for the serological diagnosis of Lyme borreliosis. *Eur J Clin Microbiol Infect Dis* 27(5), 349-54.
[Abstract](#)

Weinstein A. (2008) Laboratory Testing for Lyme Disease: Time for a Change? *Clin Infect Dis*. 47 (2), 196-197. <http://cid.oxfordjournals.org/content/47/2/196.full>

Stricker RB, Johnson L (2008) Serologic tests for lyme disease: more smoke and mirrors. *Clin Infect Dis* 47(8), 1111-2; author reply 1112-3. [Full Citation](#)

Lencáková D, Fingerle V, Stefancíková A, et al. (2008) Evaluation of recombinant line immunoblot for detection of Lyme disease in Slovakia: comparison with two other immunoassays. *Vector Borne Zoonotic Dis* 8(3), 381-90. [Abstract](#)

Steere AC, McHugh G, Damle N, Sikand VK (2008) Prospective study of serologic tests for Lyme disease. Clin Infect Dis 47,188-95. [Abstract/FREE Full Text](#) [**Spezifität 99%, Sensitivität 18%**]

Binnicker MJ, Jespersen DJ, Harring JA, Rollins LO, Bryant SC, Beito EM. (2008) Evaluation of two commercial systems for the automated processing, reading and interpretation of Lyme Western blots. J Clin Microbiol 46, 2216–21. [**Spezifität 100%, Sensitivität 49%**]

Petersen E, Tolstrup M, Capuano F, Ellermann-Eriksen S. (2008) Population based study of diagnostic assays for Borrelia infection: comparison of purified flagella antigen assay (IDEIA, Dako Cytomation) and recombinant antigen assay (Liaison, DiaSorin). BMC Clin Pathol 8, 4.

Vermeersch P, Ressler S, Nackers E, Lagrou K (2009) The **C6 Lyme Antibody Test** Has Low Sensitivity for Antibody Detection in Cerebrospinal Fluid. Diagnostic Microbiology and Infectious Disease, 64, 347-349. <http://dx.doi.org/10.1016/j.diagmicrobio.2009.03.013>

Stricker RB (2009) IDSA hearing presentation: Problems with diagnosis and treatment of Lyme disease. http://www.ilads.org/lyme_disease/media/lyme_video_stricker.html

Maloney EL (2009) The need for clinical judgment in the diagnosis and treatment of Lyme disease. Journal of American Physicians and Surgeons. 14, 82-89.
“Available laboratory tests for Lyme disease have poor sensitivity.”

Melby KK, Skar AG (2009) Borrelia--serologic tests for benefit and problems. Tidsskr Nor Laegeforen 129(20), 2135. [Full Citation](#)

Kristiansen BE, Grude N, Tveten Y, et al. (2009) Laboratory diagnosis of Lyme borreliosis. Tidsskr Nor Laegeforen 129(20), 2132-4. [Full Citation](#)

Stricker RB (2009) Challenge to Recommendation Requiring Diagnostic Test Confirmation of Lyme Disease. IDSA Guidelines (p. 1090): “Diagnostic testing performed in laboratories with excellent qualitycontrol procedures is required for confirmation of extracutaneous Lyme disease...” http://www.ilads.org/lyme_disease/written_testimony/3%20Stricker-Diagnostic%20Test%20Confirmation.pdf?storyid=/templatedata/parents/story/data/1182531760403.xml

Ang CW, Notermans DW, Hommes AM. et al. (2010) Large differences between test strategies for the detection of anti-Borrelia antibodies are revealed by comparing eight ELISAs and five immunoblots. Eur J Clin Microbiol Infect Dis DOI 10.1007/s10096-011-1157-6 <http://www.springerlink.com/content/w64170894v08654g/>
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Persistierende IgM-Titer

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“Our studies identify a cell population that is responsible for the IgM production in the bone marrow, and they highlight a novel role for IgM in the maintenance of long-term immunity during intracellular bacterial infection”.

Seriburi V, Ndukwe N, Chang Z, Cox ME, Wormser GP (2012) High frequency of **false positive IgM immunoblots** for *Borrelia burgdorferi* in clinical practice. *Clin. Microbiol. Infect* 18, 1236-1240.

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« Our data suggest that the intrathecal milieu sustains a germinal centre-like reaction with clonal expansion and extensive accumulation of somatic hypermutation in IgM-producing B cells. »

Elsner RA, Hastey CJ, Baumgarth N (2014) **CD4⁺ T cells promote antibody production but not sustained affinity maturation during *Borrelia burgdorferi* infection.** doi:

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Runina AV, Shpilevaya MV, Filippova MA et al. (2019) **Diagnostic immunoarray assay for characterization of immunoglobulin igg and igm level in syphilis patients serum towards 12 recombinant antigens of *t. pallidum* before and after the therapy.** [Article in Russian] *Klin Lab Diagn.* 2019;64(9):546-552. doi: 10.18821/0869-2084-2019-64-9-546-552. <https://www.ncbi.nlm.nih.gov/pubmed/31610107>

„Continuously high level of IgM after the therapy proposes the persistence of infection agents in the organism and points out the need of additional antimicrobial treatment. In most of the cases anti-treponemal IgG level also declined after the successful therapy and this confirms the appropriate treatment ».

➔ **IgM persistence**

https://www.google.de/search?q=IgM+persistence&hl=de&btnG=Google+Search&gws_rd=ssl

➔ **Kommentar zu Lyme Serologie** <http://www.erlebnishaft.de/kommentserollyme.pdf>

→ **Epidemiologie, Klinik, Gender bias, Fachkontroverse, Cartoons,**
Epidemiology, clinic, gender bias, controversy, Cartoons
http://www.xerlebnishaft.de/epid_klin_gend.pdf

[Bernt-Dieter Huismans](#) letzte Revision November 2019 www.Huismans.click
Back to top: <http://www.xerlebnishaft.de/serollyme.pdf>

