



## CASE STUDY

### Systemic Lupus Erythematosus (SLE)

**Patient:** Sharon  
**Gender:** Female  
**Age:** 49  
**Occupation:** Small Business Owner



**“For people who have not been tested yet and are not sure what they have, this disease presents in so many different ways that somewhere I bet I can find a patient with similar symptom history.”**

## BACKGROUND

Sharon is a mother who runs her own business. Her family always had cats, an important animal reservoir for several *Bartonella* species. She used to walk three miles a day and was often busy with family activities. Starting around 2005, Sharon began having a series of medical issues. Her symptoms became increasingly problematic over a 5-year period. It started out as back pain, extreme fatigue, suspected pancreatic tumors and peripheral neuropathy. The back problems led to incontinence and physician suggested surgery in 2009. Perhaps most troubling was her short-term memory loss. She was reluctant to drive because she would often forget where she was going, and she had trouble remembering the day or the season.

While under an endocrinologist-prescribed treatment for a thyroid problem, she described the issues she had been experiencing. The doctor was concerned and performed an antinuclear antibody (ANA) test. The results came back positive with a speckled pattern, and she was diagnosed with Systemic Lupus Erythematosus (SLE).

Sharon had a unique family history in that her aunt had developed Lyme disease from a tick bite in 2000. Sharon's uncle informed her that the aunt had actually tested positive for Lupus as well before her doctors realized that Lyme disease was the actual problem. Sharon's uncle urged her to be tested for Lyme disease before undergoing any treatment for Lupus.

## TESTING | TREATMENT

Sharon visited a doctor experienced in the diagnosis of Lyme Disease (an infection caused by *Borrelia burgdorferi*) and subsequently tested positive for *Borrelia* antibodies. However, she struggled to find a physician who felt comfortable treating her seemingly unique illness. In 2009, through members of her community, she found a rheumatologist with expertise in the diagnosis and treatment of vector-borne infections.

Her new physician treated her *Borrelia* infection and also had her tested for *Bartonella* because of the potential for co-infection with *Borrelia*. Sharon tested positive on a new *Bartonella* test methodology called *Bartonella* ePCR™. Her physician treated her *Bartonella* infection with a multi-month, multi-drug antibiotic regimen.

## CONCLUSION

Sharon has completed her antibiotic treatment and is getting her life back. She is able to take daily walks again – up to a mile a day. She recently started taking yoga classes. She can drive and travel again without the fear of memory loss. She is optimistic that she will eventually regain her full energy level and return to work full time.

Sharon's son, husband, sister, and two nieces have also struggled with unexplained symptoms, including persistent low-grade fever, recurrent pneumonia and skin rashes. They have since tested positive for *Bartonella* and are also being treated.

Maggi RG, Mozayani BR, Pultorak EL, et al. *Bartonella* spp. bacteremia and rheumatic symptoms in patients from Lyme disease-endemic region. *Emerg Infect Dis.* May 2012; 18(5):783-791.

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*Bartonella* ePCR™ was developed and its performance characteristics determined by the North Carolina State University College of Veterinary Medicine and Galaxy Diagnostics, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined such clearance is not necessary. Results from testing are to be used in conjunction with clinical findings to establish diagnosis.

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