Lyme Carditis with Transient Complete Heart Block
progressing from high-level AV block through second-degree to first-degree heart block before complete resolution. The AV node is most commonly involved, but any level of the conduction system can be affected. Clinical heart failure is observed in approximately 10% of patients, and dilated cardiomyopathy can be a long-term consequence of untreated Lyme carditis. Other stigmata of carditis include diffuse T-wave flattening or inversion, ST-segment depression, decreased left ventricular function, and atrial and non-sustained ventricular tachyarrhythmias. A single case report describes valvular destruction. The prognosis LD is excellent. Complete heart block generally resolves within one week, and lesser conduction abnormalities usually normalize within six weeks. Early antibiotic treatment appears to prevent cardiac involvement but does not hasten recovery once cardiac symptoms are manifest. Patients with hemodynamic instability sometimes require temporary pacemaker placement.
Figure 2 Admission electrocardiogram demonstrating complete heart block