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CULTURE POSITIVE, SERONEGATIVE, TRANSPLACENTAL LYME BORRELIOSIS INFANT MORTALITY. - P.E. Lavole, B.P. Lattner, Pacific Presbyterian Med. Center, San Francisco; P.H. Duray, S.E. Malawista, Yale Univ., New Haven; A.G. Barbour, Univ. Texas, San Antonio; R.C. Johnson, Univ. Minn, Minneapolis.

Transplacental infection by *Borrelia burgdorferi* (Bb), the agent of Lyme Borreliosis (LB), has recently been documented (L.E. Markowitz, et al; P. A. Schlesinger, et al). Fetal infection confirmed by culture has been reported by A.B. MacDonald (In press) from a highly endemic region (Long Island, NY).

We report a culture positive neonatal death occurring in California, a low endemic region. The boy was born by C-section because of fetal distress. He initially appeared normal. He was readmitted at age 8 days with profound lethargy leading to unresponsiveness. Marked peripheral cyanosis, systemic hypertension, metabolic acidosis, myocardial dysfunction, & abdominal aortic thrombosis were found. Death ensued. Bb was grown from a frontal cerebral cortex inoculation. The spirochete appeared similar to the original Long Island tick isolate. Silver stain of brain & heart was confirmatory of tissue infection.

The infant was the second born to a California native. The 20 m/o sibling was well. The mother had been having migratory arthralgias and malaise since experiencing horse fly & mosquito bites while camping on the Maine coast in 1971. The family was seronegative for LB by ELISA at Yale. Cardiolipin antibodies were also not found.