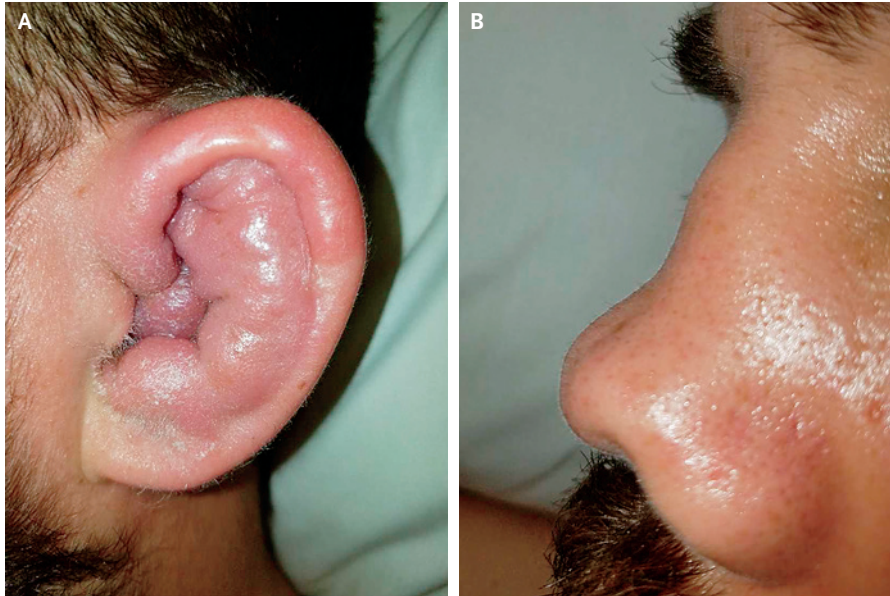


IMAGES IN CLINICAL MEDICINE

Chana A. Sacks, M.D., *Editor*

Relapsing Polychondritis



A 31-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT WITH a 2-week history of swelling of the left ear and a 6-month history of weight loss, fatigue, and generalized aches. During the 2 years before presentation, he had been treated multiple times with antibiotics for recurrent episodes of pain in both ears. The physical examination revealed a tender, erythematous, and edematous left pinna, with sparing of the lobule (Panel A). The patient also had a prominent saddle-nose deformity that had developed over the previous year (Panel B). The costochondral joints were tender on palpation, and the left knee was swollen and tender. Laboratory studies showed an erythrocyte sedimentation rate of more than 120 mm per hour (reference range, 0 to 15). He received a diagnosis of relapsing polychondritis, a systemic autoimmune condition that affects cartilaginous structures, particularly of the ears, nose, joints, larynx, and large airways. Prednisone was prescribed at a dose of 40 mg daily, and the patient had some alleviation of the pain and swelling within 2 weeks. After 1 month, therapy with methotrexate was started, and the prednisone was slowly tapered over a period of 6 months.

DOI: 10.1056/NEJMicm1713302

Copyright © 2018 Massachusetts Medical Society.

Jen Haslag-Minoff, M.D.

University Hospital
Columbia, MO
haslagminoffj@health.missouri.edu

Hariharan Regunath, M.D

University of Missouri
Columbia, MO