

Case Report study of Relapsing Polychondritis

Ahmed Aboahfouz*

Internal Medicine Department, Ibn Sina Hospital, Egypt

***Corresponding Author:** Ahmed Abomahfouz, Internal Medicine Department, Ibn Sina Hospital, Egypt.

Received: August 10, 2020; **Published:** August 20, 2020

Abstract

This is a case of 69 years old male patient who was referred to internal medicine clinic complaining from recurrent fever, arthritis, chest infection, ear pain and diminished hearing. Suspecting auto-immune disorder.

Keywords: *Relapsing Polychondritis (Rp); Recurrent Atrophic Chondritis; Relapsing Fever Syndromes*

Introduction

Relapsing polychondritis is multi-system condition affecting cartilaginous tissue present in “ears, eyes, nose, joints, respiratory tract, and the media: middle layer of the arteries” [1-3].

From its name: it has a relapsing-remitting course, but also has a slowly progressive nature in many patients.

N.B: 1/3 of patients with relapsing polychondritis has other auto-immune diseases, hematological malignancies, or other skin diseases.

Diagnosis of Relapsing polychondritis is based on Adam’s criteria: 3 out of 6 characters

- 1) Bilateral auricular chondritis
- 2) Nasal chondritis
- 3) Respiratory tract chondritis
- 4) Non-erosive seronegative arthritis
- 5) Ocular inflammation
- 6) Audio-vestibular damage.

Other diagnostic characters that help: Histologic confirmation and positive response to steroids.

Case-Report and Discussion

A 69 years old male patient was referred to internal medicine clinic with recurrent fever, ear pain, chest infection and arthritis.

Initial vital signs:

- Temperature: 37.9°C.
- Pulse: 95 beats/minute.
- Respiratory rate: 18 /minute.
- SO_2 : 96%.
- Blood pressure: 155/95 mmHg.

Previous laboratory results

- Complete blood count: No abnormality detected.
- Kidney functions: Normal.
- Liver functions: Normal.
- C-reactive protein: 16 mg/L (high).
- Erythrocyte sedimentation rate "ESR": 37/hour (high).
- Anti-neutrophilic cytoplasmic antibodies "ANCA": negative.
- Anti-nuclear antibodies "ANA": negative.
- Rheumatoid factor "RF": negative.

In addition to fever patient complained from pain particularly affecting left ear which was hot, red and tender, this is associated with diminished hearing at the affected ear, but patient claims this was because of self-inflicted trauma when he was young not to join compulsory military service, However on further questioning he admits that hearing loss improves on moderation of weather where inflammation subside.

Patient complains also from recurrent knees pain and swellings, on examination both knees are swollen and tender with limited mobility.

Further joints survey shows: Deformities of both indices and thumbs with limited mobility but no pain, and patient claims that this is old un-necessary problem.

Patient also claims that his ear and joint problems improve when he travels to Cairo "his old home" and deteriorates here (Tenth of Ramadan city) the desert industrial city with both weather extremes.

Further examination of the patient shows: hoarseness of voice, redness of both eyes and saddle shaped nose.

A diagnosis of relapsing polychondritis is considered and the patient is given a trial of oral prednisone 30g daily with colchicine 500g tablet daily and reviewed in one week.

Follow up visit showed dramatic response to steroids and the patient prednisone dose is reduces to 5 mg daily maintenance dose with same dose of colchicine.

Conclusion

Diagnosis of relapsing polychondritis should be made based on Adam's criteria and response to steroids.

Diagnosis of early disease is important to avoid further cartilaginous damage.

Bibliography

1. Wikipedia. Relapsing polychondritis.
2. Medscape. Relapsing polychondritis.
3. Rare diseases. Relapsing polychondritis.

Volume 4 Issue 9 September 2020

©All rights reserved by Ahmed Aboahfouz.