

Clinical rheumatology in images

Bilateral chondritis of the ears

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Case report

A 68-year-old male patient was admitted to the internal medicine department due to a 10 kg weight loss in a 6 month period. This was accompanied by night sweating and red spots on the arms and legs which were painful, lingered on for several days and disappeared leaving a hyperpigmented lesion. The patient had also been constipated for a month before his admission. He had no history of contact with animals, recent travel or infectious processes.

He was in an adequate general state, had mild fever and no palpable peripheral lymphadenopathy. His heart and lungs were normal. The abdomen was normal. He had residual hyperpigmented spots on the extremities. Laboratory analysis revealed an ESR of 120 mm/h, CRP of 14.90 mg/dL, and Hb of 9.6 g/dL with a MCV of 90.9. Tumor markers (CEA, CA 15,3, CA 19,9, PSA AFP, B2 microglobulin), thyroid function tests, rheumatoid factor, and autoantibodies (ANA, ENA and ANCA)¹ were negative. Serology (HBV, HCV, Lyme, Coxiella, Rickettsia, CMV, toxoplasma, and parvovirus) as well as Mantoux

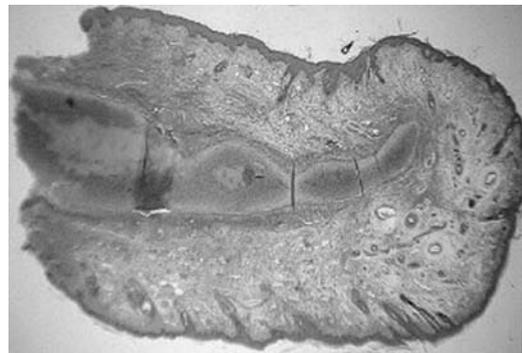


Figure 2. Image of a transverse cut of the ear biopsy.



Figure 1. The patient's ear showing an increase in size, as well as erythema and pain. It first appeared on the left side and then on the right.

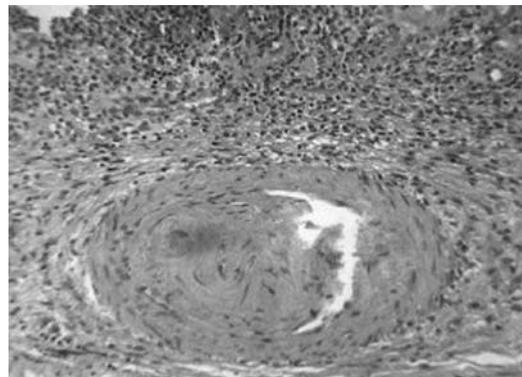


Figure 3. Detail of the ear biopsy showing a loss of basophilic staining of the cartilage matrix, with a polymorphonuclear and monocyte infiltrate surrounding the vascular tissue. Isolated chondrocytes with central necrosis and fibrous tissue are evident.

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Figure 4. Image of the ear taken during the first follow-up visit to the rheumatology outpatient clinic, 20 days after the start of treatment with steroids.

tests were negative. A CT scan was normal. Due to the constipation a colonoscopy was performed, discovering an isolated polyp which was excised. The bone marrow aspirate showed anemia associated to a chronic process. During the hospitalization, the patient had mild morning fever without any evidence of infection with serial blood cultures resulting negative. What called our attention was the appearance of erythema, pain and swelling of both ears (Figure 1). Suspecting polychondritis, we performed a biopsy of the ear tissue, reaching the diagnosis (Figures 2 and 3).²

Diagnosis

Bilateral chondritis of the ears.

Progression

Treatment with steroids at a dose of 60 mg/24h was started, with clinical and laboratory improvement (ESR, 53; CRP, 1.42; Hb, 10.5).

Discussion

Relapsing polychondritis is a rare disease of autoimmune origin which affects cartilage on the ears,^{3,4} nose, larynx, and trachea and joints. Its progression is characterized by relapsing, progressive inflammation of cartilage which eventually leads to the destruction of the affected structures^{1,2,4,5,6,7} (Figure 3). Other proteoglycan rich structures may be affected. In patients with nasal, joint, or ear affection the treatment of choice is steroids, with most of them responding in a period of 1 or 2 weeks (Figure 4). If the eye, bronchial tissue, cardiovascular, neurological, or renal systems are affected, the combination of steroids, immunosuppressants, or immunomodulators (cyclosporine, azathioprine, methotrexate, and anti-TNF agents) is recommended.^{6,8–10}

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