



Sociedad Española
de Reumatología -
Colegio Mexicano
de Reumatología

Reumatología Clínica

www.reumatologiaclinica.org



Images in Clinical Rheumatology

Diagnosis of Relapsing Polychondritis in a Patient With Chronic Cough and Without Nasal or Auricular Chondritis[☆]



Diagnóstico de policondritis recidivante en una paciente con tos crónica y sin condritis nasal ni auricular

Luis Gorospe Sarasúa,^{a,*} Deisy Barrios-Barreto,^b Ismael Said-Criado,^c Carlos de la Puente-Bujidos^d

^a Servicio de Radiodiagnóstico, Hospital Universitario Ramón y Cajal, Madrid, Spain

^b Servicio de Neumología, Hospital Universitario Ramón y Cajal, Madrid, Spain

^c Servicio de Medicina Interna, Hospital La Milagrosa, Madrid, Spain

^d Servicio de Reumatología, Hospital Universitario Ramón y Cajal, Madrid, Spain

ARTICLE INFO

Article history:

Received 15 May 2017

Accepted 9 June 2017

Available online 5 October 2018

We present the case of a 68-year-old patient, a non smoker, who sought medical attention due to a dry cough of several months onset. During the previous few weeks the patient had presented with intermittent, low-grade fever in the evenings. The patient's medical background only highlighted several episodes of anterior uveitis which responded to topical treatment with glucocorticoids. A chest X-ray did not show any radiologic changes, but computerised tomography (CT) of the chest revealed a noticeable circumferential thickening of the walls of the trachea (respecting the posterior tracheal wall) and the main bronchi which had led to a major reduction in their lumens (Fig. 1). Subsequent to these findings, a diagnosis of relapsing polychondritis (RP) was made, which was confirmed with transbronchial biopsy performed by fibrobronchoscopy. The latter revealed inflammatory changes to the pericartilaginous structures, thus meeting the Damiani and Levine criteria for the diagnosis of RP.¹ Respiratory function tests only showed a slight airflow obstruction. Other rheumatic, endocrine and haematological diseases which may be associated with RP in up

to 33% of cases, were ruled out. The patient responded favourably to treatment with glucocorticoids and azathioprine.

RP is a rare multisystemic disease characterised by recurrent and progressive episodes of inflammation and the destruction of cartilaginous tissue affecting, among other organs, the outer ear, nose and airways. For most patients with RP initial clinical symptoms are usually nasal and/or auricular chondritis. Both ocular involvement (in the form of uveitis, scleritis or keratitis) and the involvement of tracheobronchial cartilage are highly uncommon forms of RP presentation, and they remind us that initial atypical manifestations of this disease exist and require differential diagnosis to apparently banal symptoms.^{2–5}

Ethical liabilities

Protection of people and animals. The authors declare that for this research no experimentation has been carried out on human beings or animals.

Data confidentiality. The authors declare that they have adhered to the protocol of their centre of work on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

[☆] Please cite this article as: Gorospe Sarasúa L, Barrios-Barreto D, Said-Criado I, de la Puente-Bujidos C. Diagnóstico de policondritis recidivante en una paciente con tos crónica y sin condritis nasal ni auricular. Reumatol Clin. 2019;15:e51–e52.

* Corresponding author.

E-mail address: luisgorospe@yahoo.com (L. Gorospe Sarasúa).

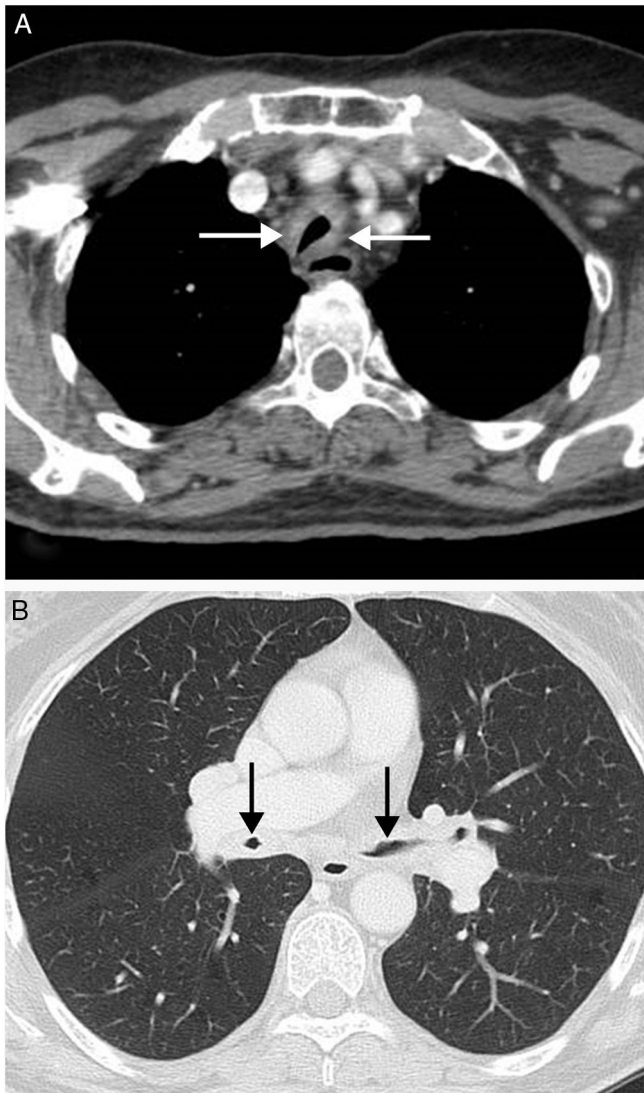


Fig. 1. (A) CT axial view where a noticeable thickening of the tracheal walls (arrows) may be observed, together with highly significant reduction in their lumens. (B) CT axial view (lung imaging window) where major circumferential thickening of the walls of both main bronchi may also be observed, together with serious reduction in their lumen quality (arrows).

Conflict of interests

The authors have no conflicts of interest to declare.

References

1. Damiani JM, Levine HL. Relapsing polychondritis. Report of ten cases. *Laryngoscope.* 1979;89:929–46.
2. Sharma A, Gnanapandithan K, Sharma K, Sharma S. Relapsing polychondritis: a review. *Clin Rheumatol.* 2013;32:1575–83.
3. Chopra R, Chaudhary N, Kay J. Relapsing polychondritis. *Rheum Dis Clin N Am.* 2013;39:263–76.
4. Foster CS. Ocular manifestations of the potentially lethal rheumatologic and vasculitic disorders. *J Fr Ophtalmol.* 2013;36:526–32.
5. Rafeq S, Trentham D, Ernst A. Pulmonary manifestations of relapsing polychondritis. *Clin Chest Med.* 2010;31:513–8.