CLINICAL SNAPSHOT

Polychondritis

A 48-year-old male patient presented to the outpatient department with a 3-month history of slowly progressive swelling of the left ear. Clinical examination revealed the ear to be painful on palpation with pronounced firm elastic swelling over the cartilaginous portions of the auricle. The overlying skin was distinctly reddened, whereas the ear lobe remained unaffected. The patient had a history of hyperuricemia. The gout tophi possible in the differential diagnosis can be distinguished morphologically as whitish dermal nodules. Erysipelas and borreliolymphocytoma were unlikely due to the sparing of the earlobe. Borrelia serology was negative. Othematoma and chondrodermatitis nodularis chronica helices were excluded based on patient history. While on oral doxycycline 200 mg/day, additional swelling of the right ear and joint pain were observed. Interdisciplinary rheumatological consultation confirmed the diagnosis of relapsing polychondritis. Symptoms of this inflammatory systemic disease include involvement of the ear and nasal cartilage, the joints, and, more rarely, the larynx, trachea, and large vessels. From a treatment perspective, long-term immunosuppressive therapy is required, as was the case in this patient.

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