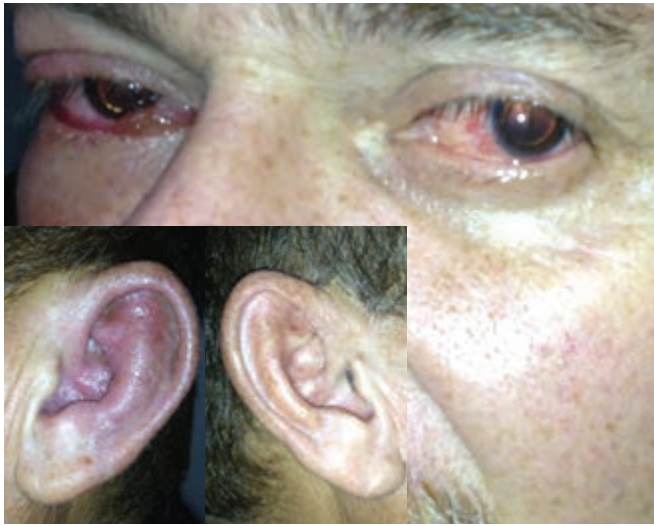
THIS MONTH'S BLINK

Relapsing Polychondritis

A 43-year-old man returned to the ER after his (mistaken) case of Ramsay Hunt syndrome, also known as herpes zoster oticus, failed to improve with oral acyclovir. The incorrect diagnosis had been made based on the patient's history of recurrent episodes of inflammation involving both his ears and nose—but never his eyes. These previous episodes had resolved with oral steroids. The patient denied visual complaints (OD, 20/20–; OS, 20/20–) but noted pain around his left eye.

Our examination showed bilateral scleritis, mild bilateral iritis, auriculitis, and inflammation of the nasal cartilage. A CT scan of his head was negative, and his complete blood count was within normal limits. The patient had an elevated erythrocyte sedimentation rate of 80 mm/hour and an elevated C-reactive protein level of 7.7 mg/dL. A diagnosis of relapsing polychondritis was made, given the patient's history of recurrent inflammation of cartilaginous tissue and his clinical exam findings. He was started on 80 mg/day of oral prednisone, which was slowly tapered over 6 weeks, and signs and symptoms improved. In the past 2 years, he has had 2 recurrent episodes, both successfully treated with oral steroids.



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