In the name of God

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Systemic Lupus Erythematosus Associated with Relapsing Polychondritis.

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Abstract:

Relapsing polychondritis (RP) is an autoimmune disorder manifested by episodes of progressive inflammation and destruction of both articular and nonarticular cartilage[1].

Although RP has been shown to have an increased association with other autoimmune disorders, this disease has been found to coexist with systemic lupus erythematosus (SLE)[2].

We present a patient with SLE, who developed left auricular inflammation, polychondritis and ocular inflammation associated with hoarseness.

Keywords: polychondritis, hoarseness, discoid lupus.

Case Report:

We reported a 75 years old lady with clinical criteria fulfilling the diagnosis of SLE[3].

She was admitted in the Rheumatology Unit with chief complaint of recent skin rash and left auricular pain. Also she had history of hoarseness (progressively increased).

Physical examination disclosed multiple skin rash on anterior chest wall, extremities, forehead, superficial ulcer on hard palate, associated with left auricle swelling, tenderness, erythema and mild cyanosis, associated with right sided conductive hearing loss.

Laboratory studies revealed a hemoglobin value of 15 g/dl, while blood cell count of 5800/mm^2, platelet count of 181000/mm^2, erythrocyte sedimentation rate of 30mm/hr (Wintergreen) and negative rheumatoid factor.

Antinuclear antibody (ANA) of 1/80, anti-ds-DNA of 77.7 IU/ml (normal up to 20), elevated C3 and C4, normal C reactive protein, BUN of 15 mg% with serum Creatinine of 1 mg%, normal liver function test, normal urinalysis, prothrombin time 14 second with control of 13, and with PTT of 42 were observed.

The patient was treated with oral prednisolone, 40 mg daily, and the symptoms were resolved. Hydroxychloroquine sulfate was added 400 mg daily. After ten days, the ears findings responded to treatment except mild redness but her hoarseness that was chronic for about 5 years didn't change with this treatment.

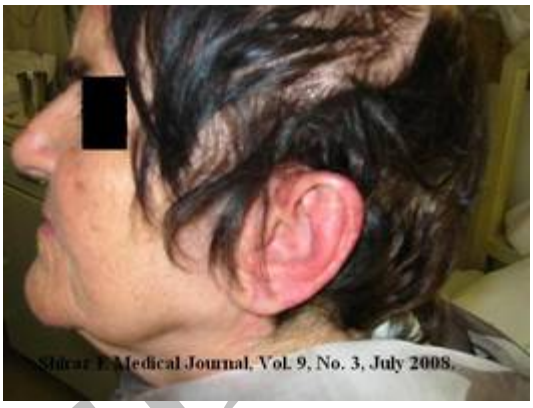

Figure 1, chondritis of left ear.

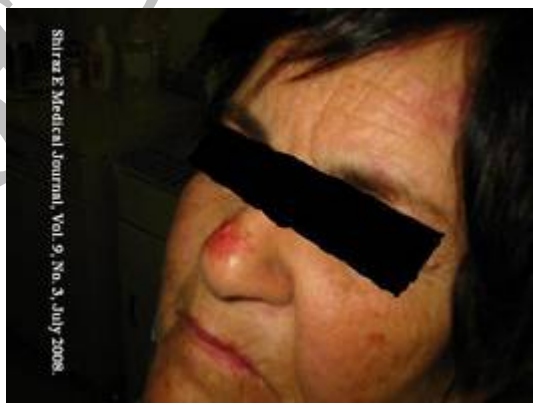

Figure 2, discoid lesion of nose.

Figure 3, Chondritis of right ear.

Discussion:

Relapsing polychondritis is an autoimmune disorder manifested by episodes of pro-

gressive inflammation and dysfunction of both auricular and non auricular cartilage. Antibodies to type II collagen were found in patients with RP, but were also found in patients with rheumatoid arthritis and patients with other autoimmune sensorineural hearing loss[4,5,6]. Antinuclear antibodies were found in up to 99% of SLE patients[3], but were also found in those with RP in low titer[7]. The proposal diagnoses for RP by McAdam are as follow: auricular polychondritis, arthritis and ocular inflammation with a positive cartilage biopsy with other criteria of chondritis of the nasal cartilage, chondritis of the respiratory tract and audiovestibular damage[2].

In our case, hoarseness became apparent before and then after left auricular inflammation with tenderness and erythema and mild cyanosis (Figure I) associated with right sided conductive hearing loss.

Right auricular inflammation was mild compared to left auricle (Figure II). Relapsing polychondritis may appear in conjunction with other diseases such as thyroid disease, ulcerative colitis[8], and rheumatoid arthritis[9]. McAdam et al. found RP in two patients among 136 SLE patients reported in the literature[2]. Moreover other case reports led to totally 21 previously reported cases of RP associated with SLE[10,11].

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