

Relapsing polychondritis with sterile purulent perichondrial effusions responding to Infliximab in a patient with erythrodermic and pustular psoriasis

Pitsigavdaki S¹, Evangelou G², Kefalogianni T³, Kougkas N¹

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Relapsing Polychondritis (RP) is a rare autoimmune disease characterized by relapsing inflammation of cartilaginous tissues which may progress to anatomical deformation and functional impairment of the involved structures. It can be idiopathic or associated to other autoimmune diseases¹.

A 22-year-old male with medical history of erythrodermic psoriasis, since the age of 19 treated with cyclosporine, presented to the emergency department due to progressive atraumatic painful edema of both ears, inflammatory arthralgias, mild redness of the eyes and diffuse pruritus.

The clinical examination revealed relapse of the underlying psoriasis with extensive skin erythema (PASI score 31,2) and pigmented papules on hands and feet, asymmetric polyarthritis (involving both knees, wright

ankle, left wrist and left elbow and DAS 28 score 5,22) and keratitis of the right eye. Regarding the ears, he had severe violaceous edema of pinna sparing the lobes and after urgent surgical incision and drainage, purulent perichondrial effusion was found which was sterile in subsequent cultures (Figure 1).

The work up excluded infections and the diagnosis of RP was confirmed, as the patient met the diagnostic McAdam criteria² (bilateral auricular chondritis, nonerosive seronegative inflammatory polyarthritis and ocular inflammation, albeit he denied any episode of ear, nose swelling or airway obstruction in the past).

Therapy was promptly initiated with intravenous pulses of methylprednisolone (1.5gr in total) followed by TNF-alpha inhibitor Infliximab (the choice was made mainly due to its quick response), at a dose of 5mg/kg every 8 weeks, in combination with oral steroids, starting from 30 mg of prednisolone with gradual tapering). After the second dose of Infliximab the patient had a dramatic response of both RP and psoriasis and in the follow up of 12 months he is in clini-

1 Department of Rheumatology, Clinical Immunology and Allergy, University Hospital of Heraklion, Greece;

2 Department of Dermatology, University Hospital of Heraklion, Greece;

3 ENT, Venizeleio Hospital, Heraklion, Greece.



FIGURE 1. A) Severe edema of ears, requiring urgent surgical drainage; B) Extensive skin erythema and pigmented papules on hands

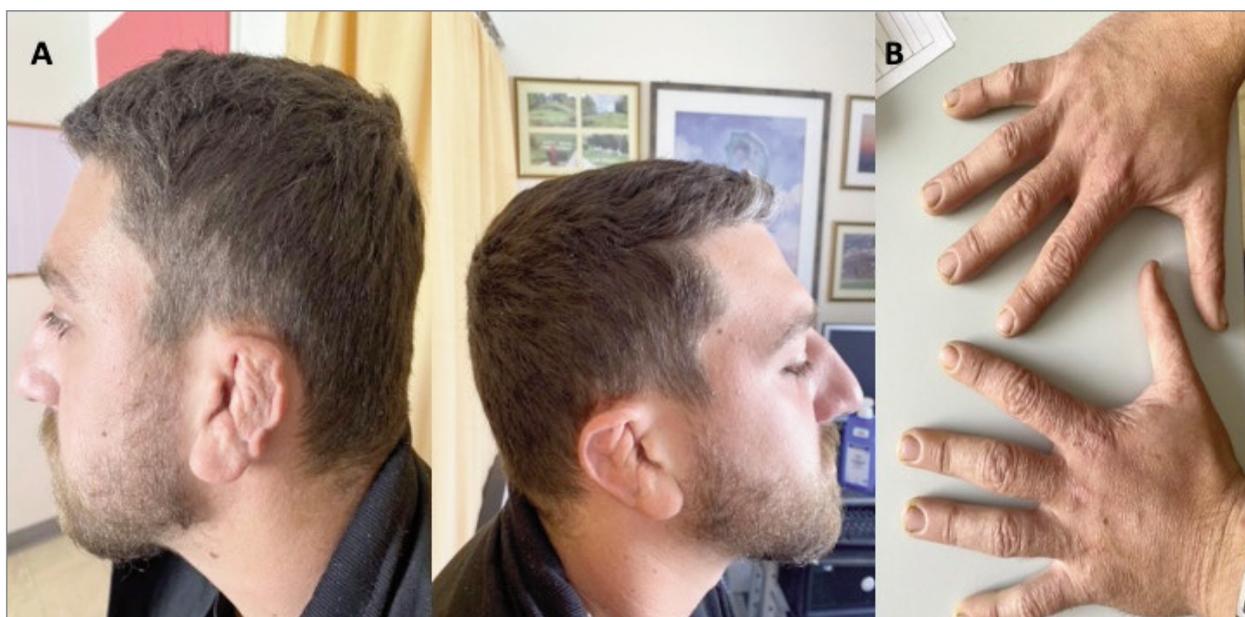


FIGURE 2. A) Complete resolution of ear inflammation with verrucous deformity of the pinna after Infliximab treatment; B) Remission of psoriasis

cal remission, although the severe inflammation of the ears has resulted to verrucous deformity of the pinna (Figure 2).

Association of RP and psoriasis is rare³. To our knowledge, this is the first case report of RP associated with erythrodermic and pustular psoriasis that was successfully treated with Infliximab.

CORRESPONDENCE TO

Nikolaos Kougkas
 Department of Rheumatology, Clinical Immunology and Allergy
 University Hospital of Heraklion, Greece
 E-mail: nkougkas@yahoo.gr

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