

# “Cave Aurem”! Chondritis/Perichondritis in the Course of a Systemic Disease

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A 45-year-old woman with celiac disease and a smoking history presented with a 2-year history of recurrent bouts of painful urticaria and angioedema, with lesions lasting 2 to 3 days, accompanied by arthralgia and arthritis. Laboratory results were significant for persistently low C3 and C4 levels. Cryoglobulin type III was also found. A presumed diagnosis of hypocomplementemic urticarial vasculitis syndrome (HUVS) was made [1,2]. Colchicine therapy induced partial improvement of her arthralgias. Three months later the patient presented with acute left auricular chondritis/perichondritis [Figure 1]. Hydroxychloroquine was started. To the best of our knowledge, this is the second description in the literature of chondritis/perichondritis, as the initial episode of relapsing polychondritis (RP), complicating HUVS [1].

RP is a rare systemic immune mediated disease. It starts with chondral involvement but may take a complicated course with multi-system organ damage [3]. It may present as an overlapping syndrome in patients with diverge pathologies, like HUVS. Respiratory involvement in RP has a grave prognostic outcome [4]. Diagnosis is based on clinical manifestations and symptom-driven diagnostic testing. Therapy for RP is particularly challenging and requires a multi-specialized approach including rheumatologists, oto-rhino-laryngologists, heart or thoracic surgeons, and plastic or reconstructive surgeons [5].

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**Figure 1.** Patient's left auricular chondritis/perichondritis. Edematous swelling of the chondral parts of the ear, sparing the non-chondral ear lobe, is apparent

