



HAL
open science

Recurrent superficial vein thrombosis revealing relapsing polychondritis associated with myelodysplastic syndrome

Axel Tabary, Jean-Christophe Lega, Sabine Mainbourg, Hervé Lobbes

► To cite this version:

Axel Tabary, Jean-Christophe Lega, Sabine Mainbourg, Hervé Lobbes. Recurrent superficial vein thrombosis revealing relapsing polychondritis associated with myelodysplastic syndrome. *Rheumatology*, 2020, 59 (11), pp.3581-3581. 10.1093/rheumatology/keaa185 . hal-04628568

HAL Id: hal-04628568

<https://hal.science/hal-04628568v1>

Submitted on 15 Jul 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Recurrent superficial vein thrombosis revealing relapsing polychondritis associated with myelodysplastic syndrome

An 83-year-old man presenting symptoms of fatigue, weight loss (6 kg in 6 months) and low-grade fever was referred to our department. The diagnosis of superficial venous thrombosis of the right forearm (Fig. 1A) was confirmed by Doppler ultrasound. Blood analysis showed inflammatory syndrome (CRP: 5.0 mg/dl) and normocytic anaemia (9.8 g/dl). Biological tests for antiphospholipid syndrome were negative. Fluorodeoxyglucose positron emission tomography and temporal artery biopsy were normal. Bone marrow aspiration revealed myelodysplastic syndrome (MDS). Six months later, the patient presented a right auricular chondritis (Fig. 1B). The diagnosis of MDS associated with relapsing polychondritis (RP) was confirmed. RP is an inflammatory condition characterized by recurrent destructive cartilaginous inflammations. Diagnosis can be challenging because chondritis might be absent at disease onset. Cutaneous manifestations of RP include recurrent superficial venous thrombosis due to skin vessel vasculitis [1], which is more frequent when RP is associated with MDS [2]. Up to 30% of RP cases are related to MDS. This patient's phenotype appears as the most severe one, with an increased mortality rate and a lower rate of response to biologics [2]. Treatment of the MDS appears as the most promising therapeutic option in this population.

Funding: No specific funding was received from any funding bodies in the public, commercial or not-for-profit sectors to carry out the work described in this manuscript.

Disclosure statement: The authors have declared no conflicts of interest.

Axel Tabary¹, Jean-Christophe Lega¹, Sabine Mainbourg¹ and Hervé Lobbes¹ 

¹Department of Internal and Vascular Medicine, National Referral Centre for rare Juvenile Rheumatologic and Autoimmune Diseases (RAISE), Hôpital Lyon Sud, Pierre-Bénite, Hospices Civils de Lyon, France

Correspondence to: Hervé Lobbes, Department of Internal and Vascular Medicine, Hôpital Lyon Sud, 165 Chemin du Grand Revoyet, Pierre-Bénite, France.

E-mail: herve.lobbes@chu-lyon.fr

References

- 1 Francès C, el Rassi R, Laporte JL *et al.* Dermatologic manifestations of relapsing polychondritis. A study of 200 cases at a single center. *Medicine (Baltimore)* 2001;80:173–9.
- 2 Dion J, Costedoat-Chalumeau N, Sène D *et al.* Relapsing polychondritis can be characterized by three different clinical phenotypes: analysis of a recent series of 142 patients. *Arthritis Rheumatol* 2016;68:2992–3001.

Fig. 1 Cutaneous manifestations of relapsing polychondritis.



(A) Superficial vein thrombosis: painful indurated palpable cord along a superficial vein and surrounding inflammatory oedema on the right forearm. **(B)** Right auricular chondritis (inflammation of the right auricular cartilage sparing the earlobe).