An Atypical Perichondritis

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Perichondritis is described as redness and warmth of the ear concerning the helix and the antihelix.1 The main cause of perichondritis is ear injury, often due to Pseudomonas aeruginosa.1-3 Relapsing polychondritis affects the ear cartilage, but it involves other cartilages.4 Herpes simplex virus (HSV) cutaneous manifestations are pain, burns, and vesicles.5 Diagnosis can be confirmed by polymerase chain reaction detection of HSV DNA.5

Observation
This observation was approved by our ethics committee (Comité d’Evaluation de l’Ethique des projets de Recherche Paris Nord Institutional Review Board, No. 00006477). A woman in her 20s checked in for a left earache. She suffered from an edema and red skin of the auricle, sparing the lobule, without fluctuation (Figure 1). Some vesicles were localized on the top of the helix, which did appear a few days after the pain. No fever, inflammation of the external auditory canal, otorrhea, or facial palsy was observed.

The patient described a former similar episode on the same ear 10 years ago, which resolved spontaneously. No other cartilaginous pathology was noted.

Her leukocytes were 7250/mm³, and her C-reactive protein was 29 mg/L. Antineutrophil cytoplasmic antibody test results were negative. HSV-1 and HSV-2 polymerase chain reaction on the vesicle liquid was positive for HSV-1. The bacteriologic analysis on the vesicle liquid was negative. HSV-1 IgG was found in the serum. A treatment based on valaciclovir and amoxicillin-clavulanic acid plus ciprofloxacin was conducted. The patient fully recovered within 2 weeks.

Final diagnostic was a HSV-1 viral perichondritis.

Discussion
This case was different from Ramsay-Hunt syndrome, as the vesicles were not localized in the Ramsay-Hunt region (concha and antihelix only) and no varicella-zoster virus was found in the vesicles. It is, to our knowledge, the first description of HSV-1 perichondritis: physicians should consider this diagnosis.

We suggest a treatment by antibiotics to avoid bacterial superinfection, in addition to an antiviral treatment by valaciclovir to treat the virus specifically.

Figure 1. Typical perichondritis with redness and inflammation of the helix and the antihelix, sparing the lobula. Vesicles are seen on the top of the helix—typical herpes simplex virus cutaneous lesions.

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Emilie Bois, collected the data, drafted the initial manuscript, reviewed and revised the manuscript; Caroline Halimi, made the conception and the design of this work, reviewed and revised the manuscript.

Disclosures
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