

# Teaching NeuroImage: Seizures as the Initial Symptom of Relapsing Polychondritis

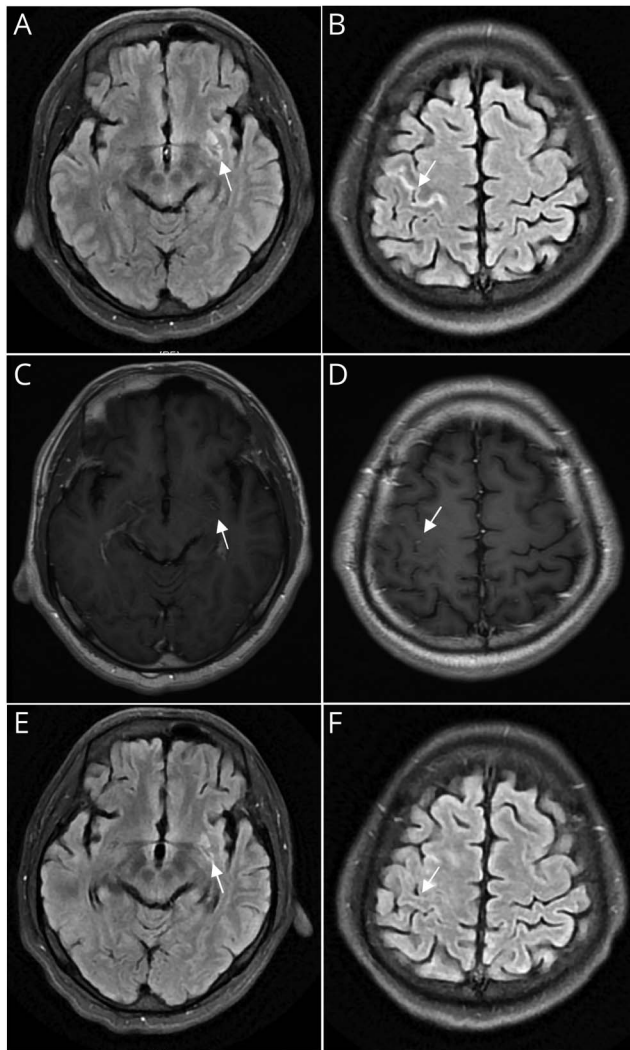
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**Figure 1** Brain Magnetic Resonance Imaging (MRI)



(A-D) MRI fluid-attenuated inversion recovery (FLAIR) showed hyperintensities, and postcontrast T1-weighted showed partial enhancement in left subinsular and right frontal cortices (white arrows). (E and F) Two months later, MRI FLAIR revealed a size reduction of lesions.

A 41-year-old man presented with generalized tonic-clonic seizures. MRI revealed left subinsular and right frontal cortex lesions (Figure 1). CSF analysis showed 17 white cells/mm<sup>3</sup> (lymphocytes 92%), normal protein, and glucose. The infection and autoimmune screening were negative. On day 3, bilateral auricles swelling and episcleritis emerged (Figure 2).

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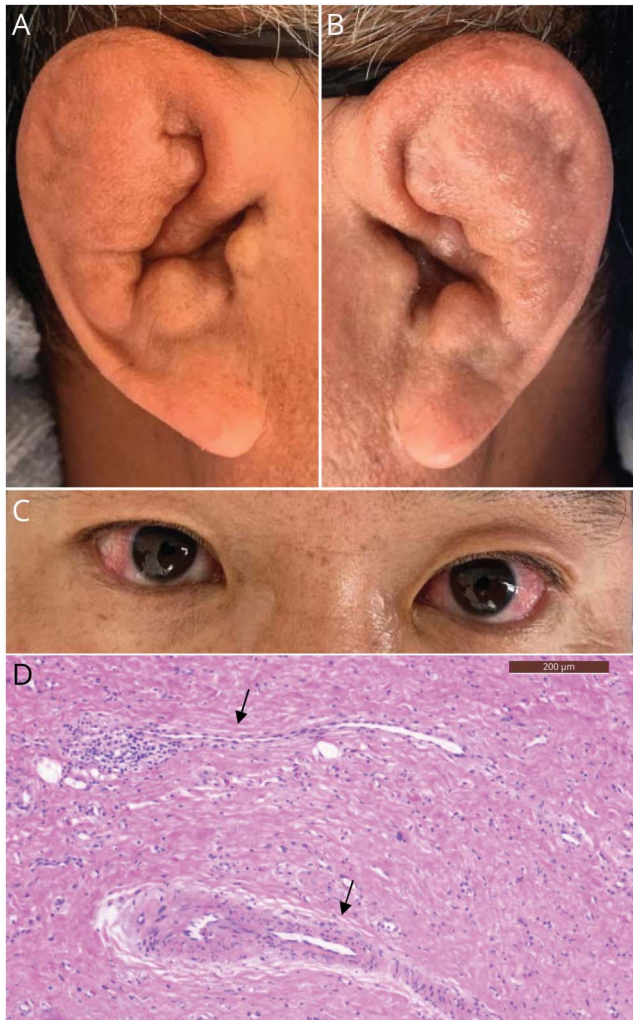
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**Figure 2** Clinical Manifestations and Auricle Biopsy



(A-C) Bilateral auricular chondritis and episcleritis. (D) Biopsy of left auricle revealed perivascular lymphocytic infiltration (black arrows; Hematoxylin/eosin).

Biopsy of left auricle revealed perivascular lymphocytic infiltration (Figure 2), consistent with relapsing polychondritis (RP). The patient's symptoms improved after oral prednisolone.

Only 3%–13.81% of the patients with RP exhibited CNS involvement, and CNS manifestations were heterogeneous.<sup>1</sup> RP with onset of seizures is rare. A previous autopsy report showed extensive cerebral and systemic vasculitis in RP.<sup>2</sup>

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## Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](http://Neurology.org/N) for full disclosures.

## Appendix Authors

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