

- Biteker M, Kayatas K, Turkmen FM, Misirli CH (2013) Impact of perioperative acute ischaemic stroke on the outcomes of noncardiac and nonvascular surgery: a single centre prospective study. *Can J Surg* 57(3): 55–61 (doi: 10.1503/cjs.003913)
- Jørgensen ME, Torp-Pedersen C, Gislason GH et al (2014) Time elapsed after ischaemic stroke and risk of adverse cardiovascular events and mortality following elective non-cardiac surgery. *JAMA* 312(3): 269–77 (doi: 10.1011/jama.2014.8165)
- Macellari F, Paciaroni M, Agnelli G, Caso V (2012) Perioperative stroke risk in nonvascular surgery. *Cerebrovasc Dis* 34(3): 175–81 (doi: 10.1159/000339982)
- Mashour GA, Shanks AM, Khetarpal S (2011) Perioperative stroke and associated mortality after noncardiac, nonneurologic surgery. *Anesthesiology* 114(6): 1289–96 (doi: 10.1097/ALN.0b013e318216c7f4)
- Mashour GA, Moore LE, Lele AV, Robicsek SA, Gelb AW (2014) Perioperative care of patients at high risk for stroke during or after non-cardiac, non-neurologic surgery: consensus statement from the society for Neuroscience in Anesthesiology and Critical Care. *J Neurosurg Anesthesiol* 26(4): 273–85 (doi: 10.1097/ANA.0000000000000087)
- Moore LE (2014) SNACC Article of the month: Commentary. www2.snacc.org/aotm/aotm_nov2014.pdf (accessed 5 April 2015)
- Sanders RD, Jørgensen ME, Mashour GA (2015) Perioperative stroke: a question of timing? *Br J Anaesth* 115(1): 11–13 (doi: 10.1093/bja/aet031)
- Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery; European Society of Cardiology (ESC), Poldermans D, Bax JJ, Boersma E et al (2009) Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. *Eur Heart J* 30(22): 2769–812 (doi: 10.1093/eurheartj/ehp337)

LEARNING POINTS

- Careful history taking is important at pre-assessment for surgery, enquiring specifically about symptoms and signs of recent stroke.
- Elective surgery should be delayed where possible in patients with a history of recent stroke in order to reduce risk of further stroke or other adverse cardiovascular event.
- This decision must take into account the risks involved with delaying necessary surgery.

IMAGES IN MEDICINE

Relapsing polychondritis presenting as recurrent otitis externa

A 70-year-old diabetic man presented with recurrent left ear inflammation that failed to respond to multiple antibiotics (*Figure 1*). Malignant otitis externa was suspected but a computed tomography scan of the temporal bone showed no mastoiditis or bone erosion.

The patient was started on intravenous piperacillin-tazobactam presuming a *Pseudomonas* infection. The ear swelling improved and he was discharged on oral antibiotics for otitis externa.

He was readmitted a week later with a relapse of left ear swelling and minor nasal septum inflammation. Relapsing polychondritis was suspected and the patient was given a trial of prednisolone, with

dramatic improvement (*Figure 2*). A complete autoimmune screen was negative.

Relapsing polychondritis is a systemic inflammatory disease that affects cartilages. The diagnosis is established by the combination of clinical findings, imaging procedures and biopsy.

Modifications were made to the original McAdam's criteria (Damiani and Levine, 1979) because of the variability of clinical manifestations occurring at a given point in time. This patient fulfilled one of those criteria, i.e. chondritis at two

or more separate anatomical locations which responded to steroids (McAdam et al, 1976). **BJHM**

Damiani JM, Levine HL (1979) Relapsing polychondritis-report of ten cases. *Laryngoscope* 89(6): 929–46

McAdam LP, O'Hanlan MA, Bluestone R, Pearson CM (1976) Relapsing polychondritis: prospective study of 23 patients and a review of the literature. *Medicine (Baltimore)* 55: 193–215

Figure 2. Left ear after 3 days of oral steroids.



Figure 1. Left ear on presentation.



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