RELAPSING POLYCHONDRITIS
AWARENESS AND SUPPORT
FOUNDATION

RPASF's purpose is to increase awareness about relapsing polychondritis, provide for those who are affected by RP, support research to advance a cure, and promote quality care for patients with RP.

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AWARENESS + SUPPORT + RESEARCH

Polychondritis.org

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What is Relapsing Polychondritis?

Relapsing polychondritis (RP) is a systemic inflammatory disease of unknown etiology that can be fatal. The disease affects multiple organs, particularly cartilaginous structures such as the ears, nose, airway and joints as well as eyes, skin, vasculature, heart valves and brain.

Diagnosing Relapsing Polychondritis

- Relapsing polychondritis (RP) is extremely difficult to diagnose.[1]
- There is no available blood test to make the diagnosis.
- The diagnosis is based on clinical symptoms and signs that fit the pattern consistent with RP.
- If RP is not diagnosed early and treated effectively, there can be irreversible damage and long-term complications. [2,3]

Symptoms of RP are Variable and May Include:

- General malaise, low grade fever, loss of appetite
- Redness and pain on the eyes
- Inflammation, redness, swelling and/or pain in outer (cartilaginous) portions of the ear.
- Sore throat, anterior neck pain, hoarseness
- Shortness of breath, wheezing, dry cough
- Hearing loss, tinnitus, dizziness
- Pain and redness on the nose
- Skin lesions
- Joint pain and swelling
- Rib pain, sternum pain

Possible Complications

Disability[1,4]	Tracheomalacia and bronchomalacia[6]	Ear and nose deformities[9]
Blindness[5]	Subglottic stenosis[7,8]	Hearing loss[10]

Citations

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5. Loeffler, K.U. and I.W. McLean, Bilateral necrotizing scleritis and blindness in the myelodysplastic syndrome presumably due to relapsing polychondritis. Acta Ophthalmol Scand, 2000. 78(2): p. 228-31.
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7. Cansiz, H., S. Yilmaz, and C. Duman, Relapsing polychondritis: a case with subglottic stenosis and laryngotracheal reconstruction. J Otolaryngol, 2007. 36(6): p. E82-4.
8. Lee, C.C. and A.J. Singer, Respiratory failure due to subglottic stenosis from relapsing polychondritis. Am J Emerg Med, 2006. 24(6): p. 750-2.
9. Tobisawa, Y. and M. Shibata, A case of saddle nose deformity caused by relapsing polychondritis: a long-term follow-up report after iliac bone grafting. J Plast Reconstr Aesthet Surg, 2013. 66(11): p. 1621-2.
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Information for Physicians and Other Health Professionals

- RP should be suspected in a patient with signs and symptoms suggesting inflammation of three of the six following: ears, nose, tracheobronchial tree, eyes, inner ear and joints.
- Early recognition of the disease can improve morbility and mortality.
- Patients with RP require a multidisciplinary medical team in order to provide the best possible care.

International Support Groups

USA
https://www.facebook.com/RPASFInc
https://www.facebook.com/groups/RPAwarenessandSupport

United Kingdom
https://www.facebook.com/groups/relapsingpolychondritisawareness
http://health.groups.yahoo.com/grouprelapsingpolychondritisuk

Germany
Rezidivierende Polychondritis
https://www.facebook.com/groups/1420559588167040

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https://www.facebook.com/canadiansocietyforrelapsingpolychondritis

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Relapsing Polychondritis Awareness and Support Australia
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