ME.[10] Further research regarding the treatment outcomes of RP with ME may be warranted.

Although rare, additional cases of RP with ME have been reported (Table). Wang et al[4] described a series of 28 patients with RP and ME from 1960 to 2010. A PubMed search of articles indexed for MEDLINE that were published in the English-language literature from 2010 to 2016 was performed using the search terms *relapsing polychondritis* and *nervous system*. Including our patient, RP with ME was reported in 17 additional cases since Wang et al[4] published their findings. These cases involved adults ranging in age from 44 to 73 years who were mainly men (14/17 [82%]). All of the patients presented with bilateral auricular chondritis, except for a case of unilateral ear involvement reported by Storey et al.[11] Common neurologic manifestations included fever, headache, and altered mental status. Motor symptoms ranged from dysarthria and agraphia[12] to hemiparesis.[13] The mechanism of CNS involvement in RP was not identified in most cases; however, Mattiassich et al[14] documented cerebral vasculitis in their patient, and Niwa et al[16] found diffuse cerebral vasculitis on autopsy. Eleven of 17 (65%) cases responded to steroid treatment. Of the 6 cases in which RP did not respond to steroids, 2 patients died despite high-dose steroid treatment,[11,20] 2 responded to infliximab,[10,15] 1 responded to tocilizumab,[21] and 1 was lost to follow-up after initial treatment failure.[20]

Conclusion

Although rare, RP should not be overlooked in the inpatient setting due to its potential for life-threatening systemic effects. Early diagnosis of this condition may be of benefit to this select population of patients, and further research regarding the prognosis, mechanisms, and treatment of RP may be necessary in the future.

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