Cricothyroid Perichondritis in a Patient with Dermatomyositis

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A 50-year-old man presented with a one-month history of sore throat, myalgia, proximal muscular weakness and a heliotropic rash. The clinical and laboratory findings were suggestive of dermatomyositis; the creatine phosphokinase level was elevated (2,502 U/L; normal: 45-163 U/L). The patient was unable to orally ingest any food due to a severe sore throat. A laryngoscopic examination showed redness of the pharyngeal mucosa. Throat swabs for bacterial cultures yielded negative results, while serological virus test results were inconclusive. Sagittal and axial fat-suppressed, T2-weighted magnetic resonance images showed a high signal intensity around the cricothyroid cartilage (Picture A, arrows) and in the soft tissue near this area (Picture B, arrows), indicating the presence of cricothyroid perichondritis. Myopathy was also detected in the sternocleidomastoid muscle (Picture B, arrowheads). The possibility of an upper airway infection, including epiglottitis, was excluded. Cricothyroid perichondritis causes a sore throat in patients with adult-onset Still’s disease (1) and it can sometimes be associated with active dermatomyositis.

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Reference