

Case presentation JSRS 26: An unusual cause of fever and persistent cough

Johannes Bjergfelt, MD & Gina Al-Farra, MD

<https://www.eurorad.org/case/19327>

JSRS 26



"Radiation House" at the
JSRS booth at ECR 2026



"Radiation House" TV show on
netflix

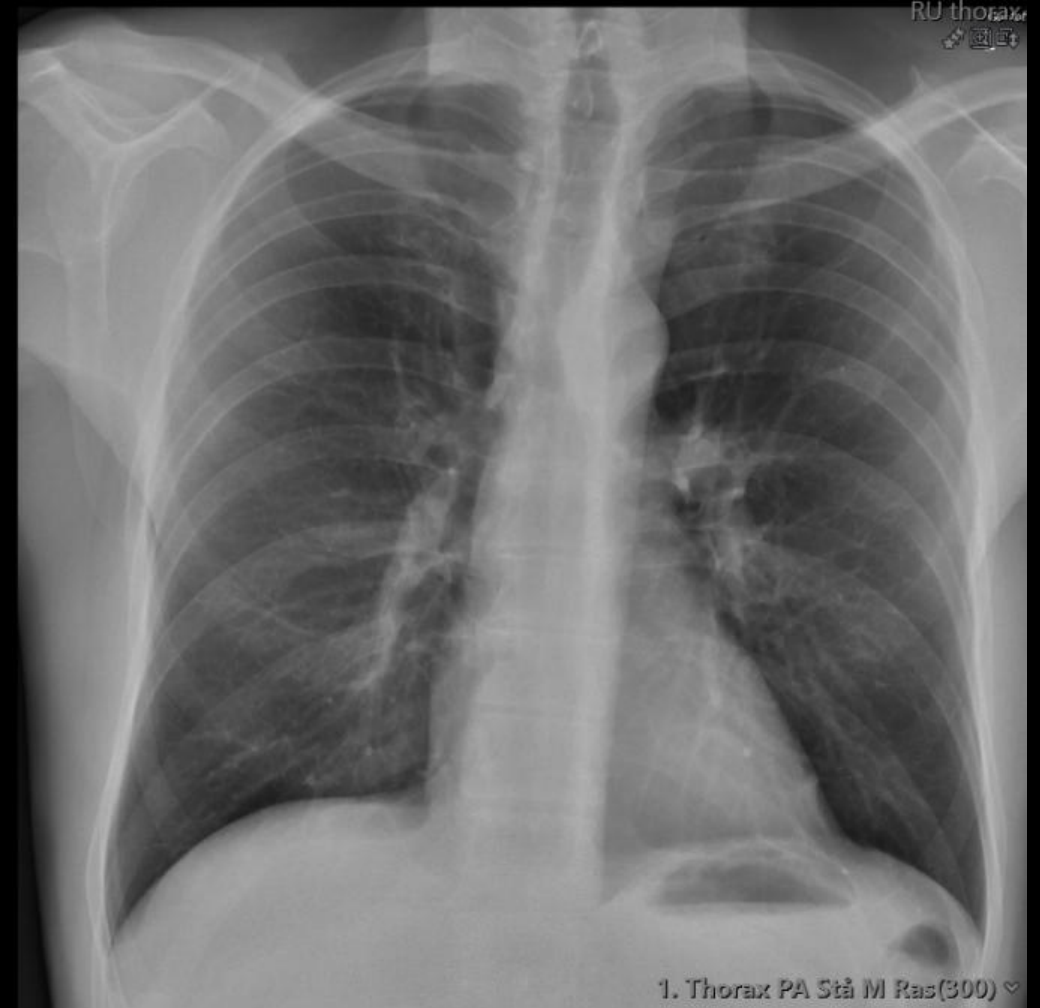
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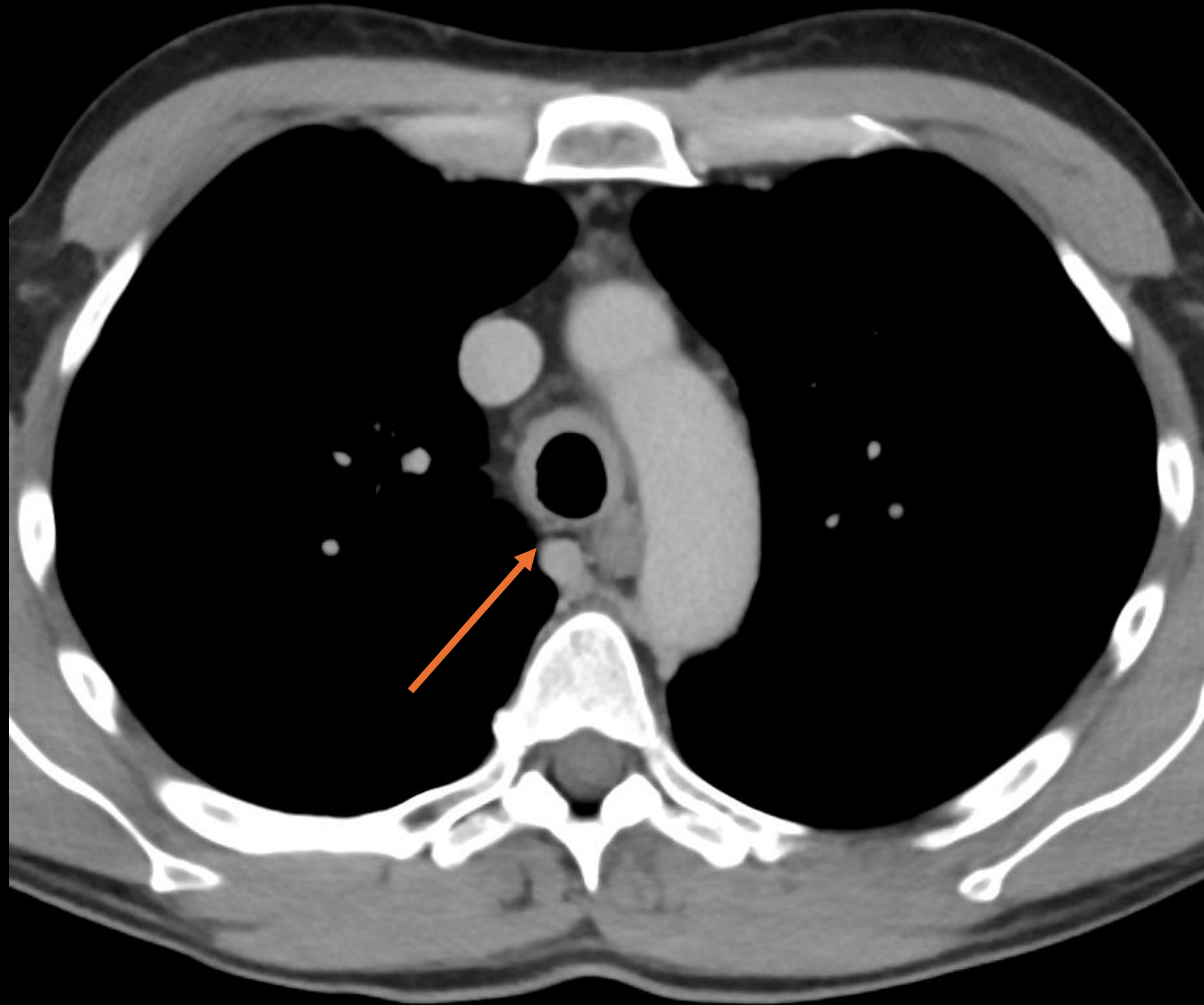
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Clinical History

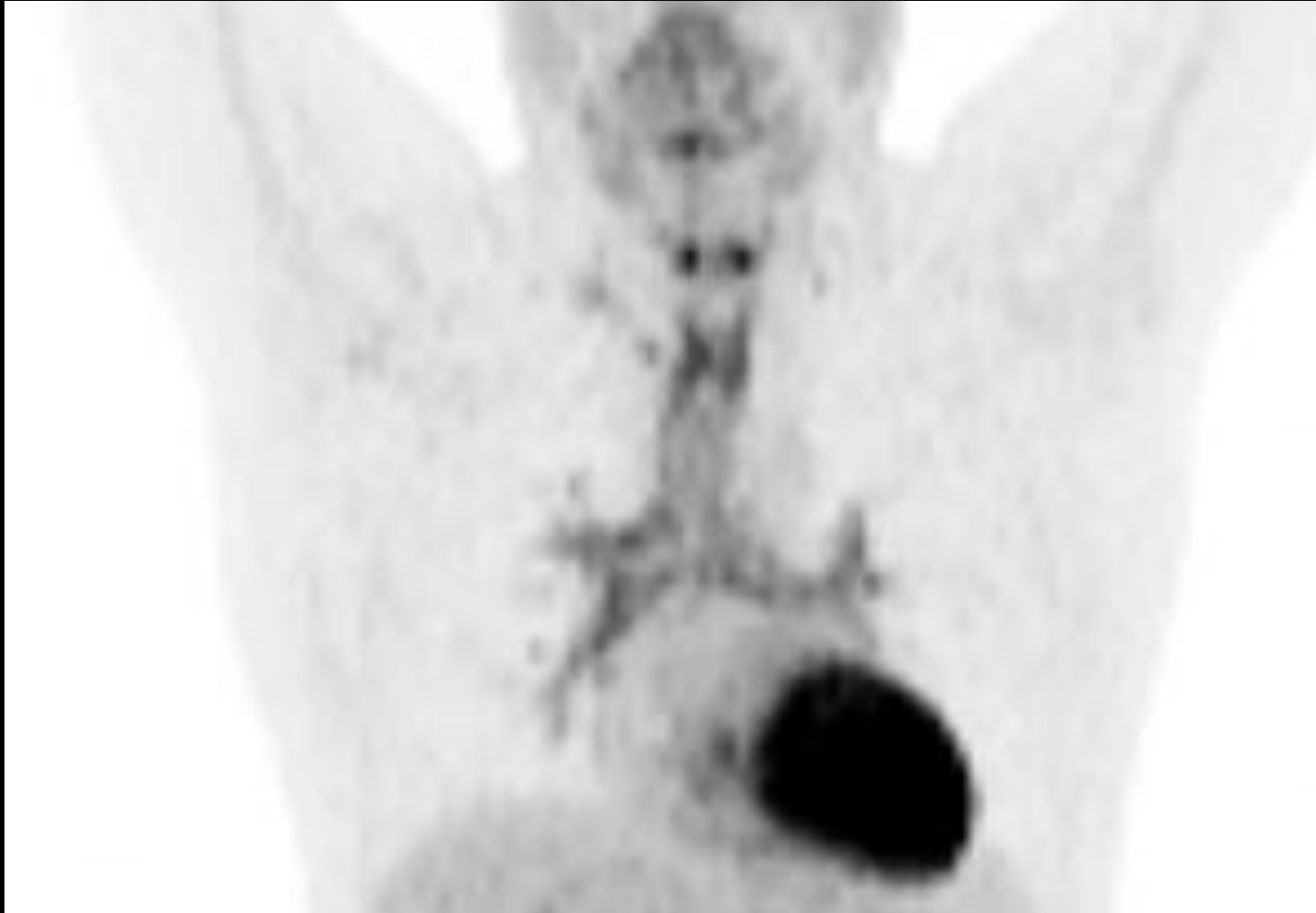
- 52-year-old man with a history of chronic sinusitis, otherwise healthy
- Presents with a low-grade fever and persistent cough
- Elevated CRP (> 100) and leukocytosis
- Unremarkable Chest x-ray x 2
- Persistent symptoms despite five courses of antibiotics over six weeks
- Now referred for a CT thorax/abdomen



Imaging findings: CT thorax/abdomen



Imaging findings: FDG PET/CT



Imaging findings: FDG PET/CT



Relapsing polychondritis

- Rare, chronic, autoimmune disease characterized by repeated inflammation of cartilaginous tissues, including those of the auricles, nasal septum, respiratory tract, and joints.
- The inflammation results in edema, and progressive cartilage degeneration, which in the respiratory tract can become life-threatening.
- Typical onset is in mid-adulthood, often presenting with subtle or fluctuating symptoms, causing diagnostic delay.

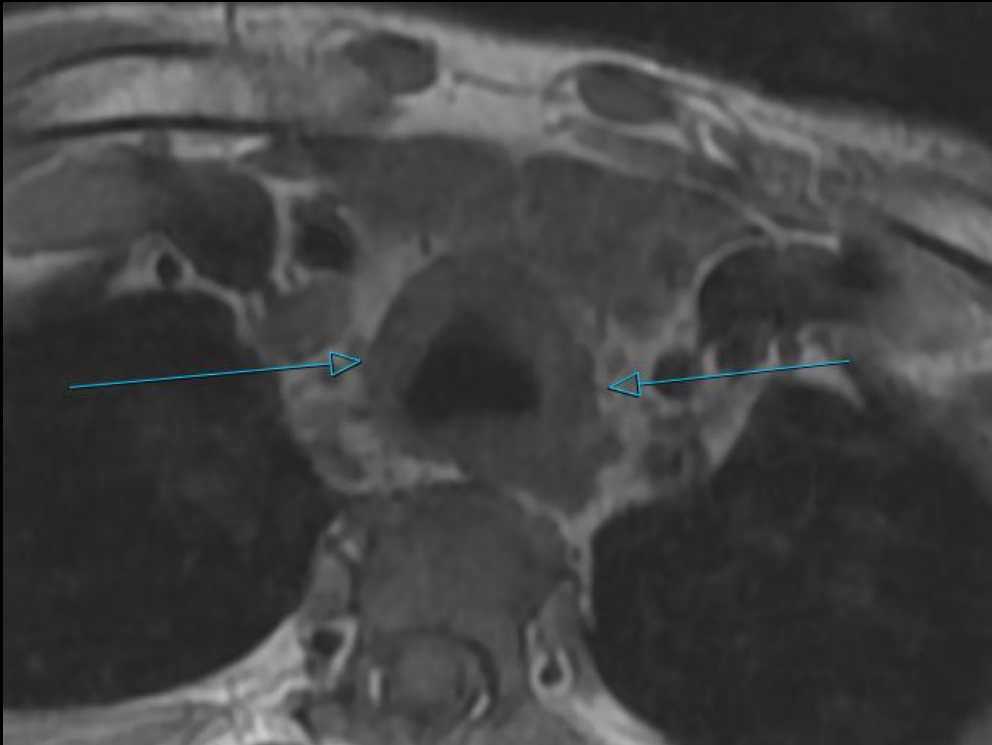


Relapsing polychondritis

- The patient was referred to a rheumatology department for suspected relapsing polychondritis.
- Biopsy was considered but ultimately deferred due to airway risks.
- Medical treatment was initiated with high-dose prednisolone, followed by biologic therapy.
- Treatment response was assessed with follow up MRI's

Treatment response

Prior to treatment



Axial T1-weighted MRI (T1 FLEX + gadolinium) tracheal wall thickening with contrast enhancement, compatible with inflammation.

After six months of treatment



Axial T1-weighted MRI (T1 FSE) Partial regression of the inflammatory changes.

Outcome

The patient improved on treatment, and experienced fewer flare ups. He did however continue to have recurrent exacerbations.

Thank you

ありがとうございます