

## Relapsing polychondritis case

The article “Red-eared zebra diagnosis. Case of relapsing polychondritis” by Leung and Edani<sup>1</sup> in the May issue of *Canadian Family Physician* reminded me of a 63-year-old patient I saw in 1995. After seeing no response to intravenous antibiotics for presumed cellulitis, and after consulting an internist, I looked up *chondritis* on the Internet and came up with *relapsing polychondritis*. The considerable erythema and swelling of the pinna with clear sparing of the lobule alerted me to focus on the cartilage.

Her response to 40 mg of prednisone was dramatic. She continued to improve and the prednisone was gradually tapered off.

—Christopher Lam MD CCFP FCFP(LM)  
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**Competing interests**  
None declared

### Reference

1. Leung KK, Edani S. Red-eared zebra diagnosis. Case of relapsing polychondritis. *Can Fam Physician* 2018;64:363, 365-7.

## Working together

After reading Pimlott's editorial in the May issue of *Canadian Family Physician*, in which he reflects on the “hidden curriculum” that promotes a hierarchy between

generalist family physicians and specialists,<sup>1</sup> I wanted to share some of my own thoughts. I have done both jobs. I received emergency medicine designations from both the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada in 1983. Family practice is harder than emergency medicine is because you are all alone in your office without laboratory and imaging results for weeks. You don't have the nurses and specialists at your fingertips. The patients keep coming back when specialists can't help them. We have patients for 50 years. Specialists can cherry pick their patients. We take all comers, including those dealing with dental issues who can't afford a dentist, or those living with psychological distress who can't afford a psychologist. But hey, why fight when we need each other? Specialists could never see our volume, and we can't drill down on tiny areas like they can. So let's keep working together to help the world.

—John W. Crosby MD CCFP(EM) FRCPC  
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**Competing interests**  
None declared

### Reference

1. Pimlott N. The hidden curriculum and continuing professional development for family physicians. *Can Fam Physician* 2018;64:326 (Eng), 327 (Fr).

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