Deforming tophaceous gout

Lénea Porto, Eurico Oliveira, Jorge Correia, Fernando Girão

ABSTRACT

Abstract is not required for Clinical Images

International Journal of Case Reports and Images (IJCRI)

International Journal of Case Reports and Images (IJCRI) is an international, peer reviewed, monthly, open access, online journal, publishing high-quality, articles in all areas of basic medical sciences and clinical specialties.

Aim of IJCRI is to encourage the publication of new information by providing a platform for reporting of unique, unusual and rare cases which enhance understanding of disease process, its diagnosis, management and clinico-pathologic correlations.

IJCRI publishes Review Articles, Case Series, Case Reports, Case in Images, Clinical Images and Letters to Editor.

Website: www.ijcasereportsandimages.com

CLINICAL IMAGE

OPEN ACCESS

Deforming tophaceous gout

Lénea Porto, Eurico Oliveira, Jorge Correia, Fernando Girão

CASE REPORT

A 78-year-old male with a history of smoking, dietary excesses, hyperuricemia (serum uric acid level of 11 mg/dL) and renal chronic disease (creatinine clearance rate of 30 mL/min per 1.73 m² of the body-surface area) presented with multiple tophi on the hands, elbows, feet, knees, and auricular surfaces, with hand bone associated deformities (Figure 1).

He described a long past of multiple episodes of confirmed acute uric arthritis improperly treated. He had also been medicated with allopurinol but with a patient poor concordance and advised to take a dietary regimen, which he refused. After thirty years, daily activities such as holding a fork, etc. were severely impaired.

DISCUSSION

Gout is the most common form of inflammatory arthropathy and affects at least 1% of the population in the western countries [1, 2]. Several studies suggest that its prevalence and incidence, in recent decades, have risen [1, 3]. Men have a greater risk of developing gout. The overall men and women ratio ranges between 7:1 and 9:1, but more recent studies suggest, a smaller difference and point ratios of 4:1 [1]. Gout prevalence also presents a direct association with age, and the increased

Figure 1: Multiple yellowish-white tophi on the hands deforming bone structure.

population longevity may be contributing to its present higher prevalence [3].

Numerous risk factors seem to associate to the development of gout, such as hyperuricemia, genetics, diet and alcohol consumption, hypertension, obesity, diuretic use and chronic renal disease. Of these, hyperuricemia is considered to be the most important [1, 3].

As serum uric acid levels rise and its physiological saturation threshold in body fluids is exceeded, the formation and deposition of monosodium urate crystals occurs, in and around joints.

A typical gout attack is characterized by the sudden onset of severe pain, swelling, warmth, and redness of a joint. The joint most commonly involved is the first metatarsophalangeal joint but any joint may be involved. Some patients have a chronic form of gout with relapsing acute episodes.

Gout is strongly suspected by a clinical course of acute episodes of joint pain with complete resolution of symptoms between attacks associated with high levels of urate in blood analysis. However, the best way to diagnose gout is to examine synovial fluid from an affected joint to look for urate crystals in the sample. Crystals of

Lénea Porto¹, Eurico Oliveira², Jorge Correia², Fernando Girão³

Affiliations: ¹Resident, Department of Internal Medicine 1. Viseu-Tondela Hospital Center; ²MD, Department of Internal Medicine 1. Viseu-Tondela Hospital Center; ³MD and Department Director, Department of Internal Medicine 1. Viseu-Tondela Hospital Center.

Corresponding Author: Lénea Maria Martins Porto, Rua Dr. Alexandre Lucena e Vale, nº105, 2º T, Viseu, Viseu, Portugal. 3500-072; Ph: 00351936130539; E-mail: leneaporto@gmail.com

Received: 12 August 2012
Accepted: 17 January 2013
Published: 01 July 2014

monosodium urate appear as needle-shaped negatively birefringent (polarize microscopy) crystals [4].

Anti-inflammatory medications are the best treatment for acute gout attacks. Prophylactic therapy includes dietary changes and urate-lowering medications. These are effective options. Repeated episodes of acute gout when sustained for several years without treatment may lead to the accumulation of a large number of urate crystals in masses called tophi (potentially treatable) and to joint deformity and destruction (irreversible) [5].

CONCLUSION

Gout, if untreated, can be deforming and severely disabling.

How to cite this article

Porto L, Oliveira E, Correia J, Girão F. Deforming tophaceous gout. Int J Case Rep Images 2014;5(7):531–532.

doi:10.5348/ijcri-201460-CL-10048

Author Contributions

Lénea Porto – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Final approval of the version published

Eurico Oliveira – Substantial contributions to conception and design, Analysis and interpretation of data, Drafting the article, Final approval of the version published

Jorge Correia – Substantial contributions to conception and design, Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version published

Fernando Girão – Substantial contributions to conception and design, Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

Copyright

© 2014 Lénea Porto et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

REFERENCES

1. Luk AJ, Simkin PA. Epidemiology of Hyperuricemia and Gout. Am J Manag Care 2005 Nov;11(15 Suppl):S435–42.
2. VanItallie TB. Gout: Epitome of painful arthritis. Metabolism 2010 Oct;59(Suppl 1):S32–6.
3. Roddy E, Doherty M. Gout: Epidemiology of gout. Arthritis Res Ther 2010;12(6):223.
4. Gupta A, Rai S, Sinha R, Achar C. Tophi as an initial manifestation of gout. J Cytol 2009 Oct;26(4):165–6.
5. McQueen FM, Chhana A, Dalbeth N. Mechanisms of joint damage in gout: Evidence from cellular and imaging studies. Nat Rev Rheumatol 2012 Jan 10;8(3):173–81.

Access full text article on
other devices

Access PDF of article on
other devices

Edorium Journals: An introduction

Edorium Journals Team

About Edorium Journals

Edorium Journals is a publisher of high-quality, open access, international scholarly journals covering subjects in basic sciences and clinical specialties and subspecialties.

Invitation for article submission

We sincerely invite you to submit your valuable research for publication to Edorium Journals.

But why should you publish with Edorium Journals?

In less than 10 words - we give you what no one does.

Vision of being the best

We have the vision of making our journals the best and the most authoritative journals in their respective specialties. We are working towards this goal every day of every week of every month of every year.

Exceptional services

We care for you, your work and your time. Our efficient, personalized and courteous services are a testimony to this.

Editorial Review

All manuscripts submitted to Edorium Journals undergo pre-processing review, first editorial review, peer review, second editorial review and finally third editorial review.

Peer Review

All manuscripts submitted to Edorium Journals undergo anonymous, double-blind, external peer review.

Early View version

Early View version of your manuscript will be published in the journal within 72 hours of final acceptance.

Manuscript status

From submission to publication of your article you will get regular updates (minimum six times) about status of your manuscripts directly in your email.

Our Commitment

Six weeks

You will get first decision on your manuscript within six weeks (42 days) of submission. If we fail to honor this by even one day, we will publish your manuscript free of charge.

Four weeks

After we receive page proofs, your manuscript will be published in the journal within four weeks (31 days). If we fail to honor this by even one day, we will publish your manuscript free of charge and refund you the full article publication charges you paid for your manuscript.

Mentored Review Articles (MRA)

Our academic program "Mentored Review Article" (MRA) gives you a unique opportunity to publish papers under mentorship of international faculty. These articles are published free of charges.

Most Favored Author program

Join this program and publish any number of articles free of charge for one to five years.

Favored Author program

One email is all it takes to become our favored author. You will not only get fee waivers but also get information and insights about scholarly publishing.

Institutional Membership program

Join our Institutional Memberships program and help scholars from your institute make their research accessible to all and save thousands of dollars in fees make their research accessible to all.

Our presence

We have some of the best designed publication formats. Our websites are very user friendly and enable you to do your work very easily with no hassle.

Something more...

We request you to have a look at our website to know more about us and our services.

We welcome you to interact with us, share with us, join us and of course publish with us.

Edorium Journals: On Web

Browse Journals

CONNECT WITH US