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A clinical picture of chronic polyarticular tophaceous gout.

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Brief communication

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## Abstract

An unusual picture of polyarticular tophaceous gout is reported. It concerns a 61-years-old patient with tophaceous deposits for 30 years. Descriptive clinical and radiographic images are furnished.

## Brief Report

In gout, urate deposits in soft tissues (namely the so-called “tophi”) are well recognized [1] and since they frequently come out after several years of gout attacks, they represent the chronic phase of the disease process [2]. Among the inflammatory arthritis group, gout is one of the most successfully treatable form but nevertheless, 5% of patients may not respond to medical management, and some of these may evolve to the tophaceous stage [3]. The development of multiple large tophi in patients with gout is rare [2]. In this brief report it is our purpose to describe an unusual clinical presentation of polyarticular gout disease. A 61-years-old patient has come to our attention for chronic tophaceous gout deposits, located at both the olecranon (especially on the right), at both the metatarsal-phalanx joints (mainly at the first), at the dorsum of the right foot and at both the second metacarpal-phalanx joint (Figure 1 and Figure 2). He has suffered from this pathology since 30 years, whose articular onset came out with heat and pain. The pathology started to appear at the first ray of the right foot, next appeared on the right elbow, then on the left elbow (since 5 years), subsequently on the left foot and so on. Since one year gout tophi appeared on both the hands. He had taken nimesulid when pain and allopurinol 1 tablet a day, hence half a tablet due to nosebleed. As epistaxis continued, one year ago he has given up allopurinol, that previously he has taken discontinuously as he has sometimes forgotten to. Serum uric acid levels were equal to 9.9 mg/100 ml, C-reactive protein equal to 7.65 mg/l, erythrocyte sedimentation speed equal to 26 mm and white blood count equal to 10.54. When gout is inadequately treated over a period of years, multiple

joints can be involved in an ascending fashion with arthritis and bone destruction [4,5]. In our report, the dimension of the gouty tophi are quite peculiar and appealing.

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Figures legend :

Figure 1 - A – Tophus on the outer surface of the right olecranon. B – Tophus on the outer surface of the right first metatarsal-phalanx joint, C - Tophus on the outer surface of the first left metatarsal-phalanx joint, D – Tophi on the outer surface of the dorsum of the right foot, E – Tophi located on the second metacarpal-phalanx joint of both the hands.

Figure 2 – X-ray of the right elbow shows swelling on the right olecranon. MRI of the right elbow shows voluminous polilobulated gouty tophus with superficial erosions of the olecranon. X-rays of both the feet shows calcifications in soft tissues and erosions at the base of the both the first phalanxes, and at both the first metatarsal heads and the 3<sup>rd</sup>, 4th and 5th right metatarsal bases, with a similar, less marked features on the left foot. Radiographic findings are typical, since they include soft tissue tophi, punched out erosions with sclerotic margins, monoarticular or polyarticular joint involvement, and relative conservation of joint space [6].



