

PS2.182

Background & Aim: Gout is a common inflammatory arthropathy caused by articular precipitation of monosodium urate monohydrate crystals. It leads to self-limited arthritis but under-treatment can cause disabling chronic tophaceous gout. It usually affects the first metatarsophalangeal joint and less commonly other joints, such as wrists, elbows, knees and ankles.

We report the case of a 63-year-old Caucasian man with acute on chronic tophaceous gout.

Case Report: A 63-year-old Caucasian man with arterial hypertension, obstructive apnea syndrome and a long-standing history of tophaceous gout with several recurrent episodes of arthritis presented in January 2016 with a flare of gout. Five days before, a tophus on the left elbow had become painful, red and swollen. The lesion ruptured spontaneously over the next few days, exuding a pasty material.

On physical examination, he had a fever and the above mentioned joint was swollen with associated tenderness and erythema. There were other tophi on the right elbow, second, third and fourth metacarpophalangeal joints of his left hand, second and third metacarpophalangeal joints of his right hand and knees.

Antibiotic treatment with levofloxacin (500 mg/day), azithromycin (500mg/day), naproxen/esomeprazole (500+20mg/twice a day) and acetaminophen (1000mg/three times a day) was initiated and he was referred to a general surgical doctor.

Discussion: Gout is the most common crystal-induced arthropathy. It has a male predominance and occurs more frequently over the age of 35. Over time, gout may evolve into a chronic polyarthritis with or without acute flares of arthritis and monosodium urate crystal deposition in soft tissues or joints.

Our patient presented with a relatively unusual finding of ulcerated gouty tophi on an uncommon localization.

This case shows how important it is to control hyperuricemia and other risk factors in order to prevent the disabling effects of chronic gouty arthropathy.