

Tophaceous gout: a tragic course for a preventable disease

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ACTA REUMATOL PORT. 2015;40:306-307

A 66-year-old man, with a history of chronic tophaceous gout since the age of 30, arterial hypertension, *diabetes mellitus* type 2, dyslipidemia and alcoholism had been observed for the first time in our Rheumatology department in 2009. He had never been compliant with the pharmacological and non-pharmacological therapies prescribed previously, and presented with multiple tophi and significant deformity of all fingers (Figure 1A) that caused substantial functional disability. Shortly thereafter, he underwent disarticulation of the third left finger for osteomyelitis secondary to infection of an ulcerated tophus (Figure 1B). The patient was hospitalized repeatedly since then for complications associated with the use of non-steroidal anti-inflammatory drugs during crises (acute kidney failure requiring dialysis), as well as complications of chronic infection of ulcerated tophi, requiring frequent and prolonged treatment with antibiotics. In November 2012, presenting osteomyelitis of several fingers, refractory to antimicrobial therapy, he underwent disarticulation of four other fingers. Initially, the first and fifth fingers were spared, bilaterally (and also the fourth in the left), in an attempt to preserve function of the hands (Figure 2). However, he maintained ulceration of the right carpal region, associated to osteomyelitis and functional disability of the hands. By that time he was also severely impaired and presented hematologic dysfunction secondary to septic status. It was then decided to amputate both hands, which was followed by progressive improvement in clinical status and analytical parameters.

Gout affects 1-2% of the Western population and is the main cause of arthritis in men¹. Chronic tophaceous gout can lead to substantial deformities of the joints involved, causing functional disability² of patients, who

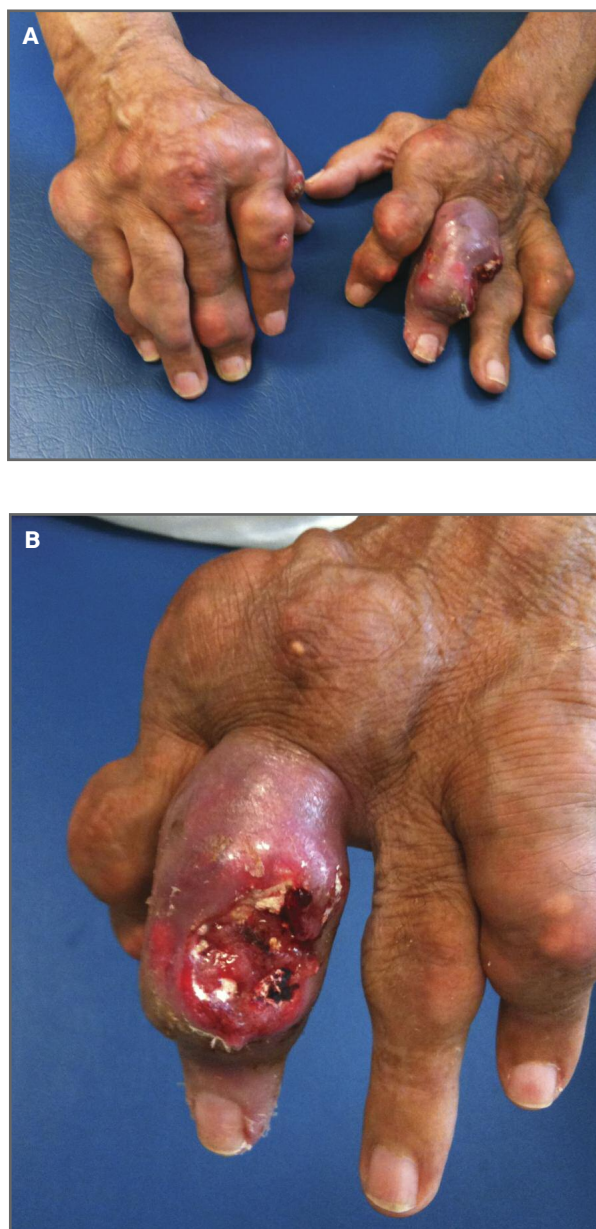


FIGURE 1. A) Patient's hands in 2009, with multiple tophi; B) Ulcerated tophus

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FIGURA 2. A) Patient's right hand in Jan/2013 before amputation;
B) Patient's left hand in Jan/2013 before amputation

often become dependent on others for activities of daily living. The thin and tense skin that covers the tophi can easily ulcerate, with risk of secondary infection^{3,4}. This case is distinctive in its severity and complexity as well as in the exceptionally aggressive therapeutic approach.

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REFERENCES

1. Richette P and Bardin T. Gout. *The Lancet* 2010; 375: 318–328.
2. Edwards NL. Clinical gout. In Hochberg MC, Silman AJ, Smolen JS, Weinblatt ME, and Weisman MH (eds). *Rheumatology* 5th ed. Philadelphia, PA: Mosby/Elsevier, 2011: 1859-1865.
3. Coutinho M, Barcelos A. Gout tophi with an atypical location in a patient with multiple septic gout tophi. *Acta Reum Port* 2010; 35: 271-272.
4. Figueira R, Ramos F, Sousa E, Costa M, Pereira da Silva JA, Viana Queiroz M. Os tofos gotosos também infectam. *Acta Reum Port* 2005; 30: 279-280.