



Clinical rheumatology in images

## Chronic tophaceous gout: unusual localization

Gota tofácea crónica: localización poco habitual

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Figure 1. Presence of multiple intradermal tophi on the palm of the hand.



Figure 2. Detail of the palm intradermal tophi.

### Clinical case

A 46-year-old woman was diagnosed with plurimetabolic syndrome and hyperandrogenicity to congenital adrenal hyperplasia at 28 years of age and required treatment with low dose corticosteroids (7.5 mg/day of prednisone for approximately 16 years), especially for aesthetic reasons (hirsutism) rather than for the metabolic alterations that she presented at the time of the diagnosis.

One year after the diagnosis she presented episodes of recurring arthritis that affected the knees, ankles, feet, wrists, and metacarpophalangeal joints. The blood count and the blood chemistry showed elevated uric acid levels (15.15 [normal 2.6 to 6.0] mg/dL). Arthrocentesis revealed monosodium urate crystals in the synovial



Figure 3. Presence of intradermal tophi on the calcaneal region.

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fluid. The first radiological studies did not show evident alterations. Treatment was begun for gout with non-steroidal anti-inflammatory drugs, 1 mg/day of colchicine and 300 mg/day of allopurinol.<sup>1,2</sup>

### Progression

Clinically, the patient continued presenting repeated episodes with intercritical periods that lasted less after every attack. In spite of the poor clinical progression, the patient interrupted her visits to the department of rheumatology for a period of approximately 5 years, in which time it is suspected that the patient abandoned the initial therapy and modified, autonomously, the abovementioned drugs, increasing or reducing the doses in relation the symptoms she presented.

As a consequence of the irregular treatment, the patient developed severe tophaceous gout (with the presence of even intradermal tophi) with important complications on the tibio-calcaneal, tarso-metatarsal, and intertarsal joints, leading to a severe osteoarthritis of the ankles and spiked foot,<sup>3</sup> as well as great affection of the knees, which merited prosthetics on both knees.

### Discussion

Currently, chronic tophaceous gout by itself should not present a clinical challenge. Poor compliance with prescribed treatment as well as the difficulty in the clinical control of the diseases, due in

part to the difficulty of introducing other therapeutic options into Spain, known as uricosurics,<sup>4</sup> have been the determining factors in the final evolution of the case of gout here presented, although the chronic use of steroids cannot be discarded as a cause that led to the severity of the disease and, in particular, to the localization of the tophi (intradermal).<sup>5,6</sup>

In this sense, it must be emphasized that during all of the progression, the levels of blood urate were above normal and the accumulation of uric acid (in tophi) was seen in an atypical localization (Figures 1–3).

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