An unusual case of gout

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DESCRIPTION

A 73-year-old man was admitted with acute chest pain, associated nausea, clamminess and shortness of breath. In addition he reported lethargy, arthralgia and swelling of knee and wrist joints.

Relevant medical history included infective endocarditis in 1999 with subsequent tissue aortic valve replacement and coronary artery bypass graft (CABG). A further CABG in 2009 was complicated by a sternotomy wound infection.

Initially the patient was treated as per ACS protocol, serial troponins were not significant and pain continued.

Several days into the admission a fluctuant swelling became apparent on the sternum (figure 1), the patient became systemically unwell and a concurrent

rise in inflammatory markers was observed (C reactive protein 157 and white cell count 12.5).

Concerned that there was an internally communicating abscess a CT was performed (figure 2). This revealed a cystic mass measuring 13.8×42×40 mm immediately anterior to the mid sternum.

Needle aspiration showed turbid yellow fluid. Microscopy revealed an aseptic fluid with large quantities of monosodium urate crystals. Serum urate levels were elevated at 649 µm/L. Further aspirates from both knees confirmed polyarticular gout.

The patient was started on a course of colchicine, his symptoms improved significantly and we continued his long-standing allopurinol prescription.

Figure 1 A photo of the fluctuant anterior chest wall mass.

Figure 2 An axial CT slice of the chest showing the anterior chest wall mass.

Learning points

- ▶ Gout is a common condition effecting 14/1000 people in the UK.¹ It normally effects synovial joints but can affect non-synovial joints.
- ▶ There are a large number of differentials which can cause a systemic inflammatory response.
- ▶ The therapeutic goal of management should be to reduce serum urate concentrations to below 360 µm/L. Allopurinol is the most effective agent in achieving a reduction in serum urate levels. It can be prescribed with colchicine concurrently even if the patients' joints are active and if the patient is allopurinol naive.^{2 3}

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