

CLINICAL PRACTICE

Clinical Images

Digit-Threatening Severe Tophaceous Gout

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CLINICAL DESCRIPTION

A 54-year-old Tongan man with a 20-year history of gout, complicated by bilateral below knee amputations 2 years prior for severe foot infections, presented with



Figure 1 Panel A: Photograph demonstrating extent of bilateral tophaceous disfigurement of digits. **Panel B:** Radiograph depicting tophi eroding joint spaces and dislocation of digits 1–3 at the metacarpal-phalangeal joints.

bilateral hand pain. He had taken xanthine oxidase inhibitors previously, but had been without medications or primary medical care for over a year. The patient's hands ((Fig. 1, Panel A) were disfigured by tophi and had an overlying cellulitis with weeping serosanguinous as well as thick, milky-white fluid. Radiographs ((Fig. 1, Panel B) demonstrated diffuse demineralization of the bone and calcification of tophi eroding and destroying joint spaces. Labs were notable for a uric acid level of 11.9 mg/dL, well above the level at which urate precipitates out of solution and can begin to form tophi—a process directly correlated with the duration and severity of hyperuricemia.¹ If left untreated, up to 75 % of patients with gout will eventually develop tophi, while only 5 % do so if adequately treated.^{2–4} While the incidence of gout has increased to 3.9 % as of 2008, the incidence of tophi continues to decline due to wider availability of effective urate-lowering treatment.⁵ Our patient underwent wound debridement without amputation of digits and was discharged home on a xanthine oxidase inhibitor.

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