

Polyarticular Gout

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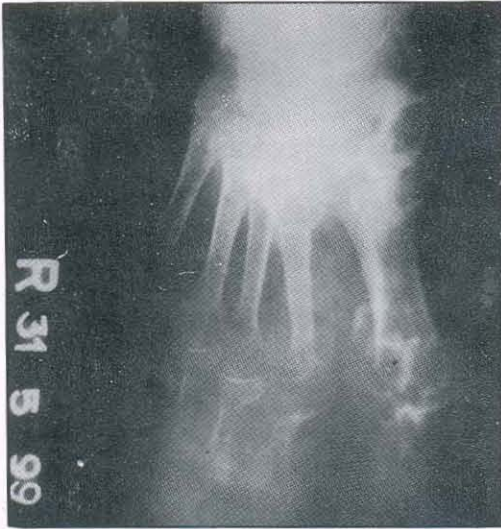


Fig. 1



Fig. 2

Figure 1 : Anteroposterior view of right foot showing erosion with overhanging margins at the base as well as head of the first metatarsal. There is complete destruction of first and second metatarso-phalangeal (MTP) joints. Calcified tophi are visible at the medial border of base of 1st metatarsal and medial cuneiform bones. In addition tarsal bones and base of first phalanx shows similar erosions.

Figure 2 : Anteroposterior view of left foot showing erosion with overhanging margins at the base as well as head of the first metatarsal. A large punched out erosion with sclerotic margins is seen at the head of proximal phalanx of great toe. Calcified tophi are visible at the medial border of base of 1st metatarsal. Note the preserved joint space at 1st MTP despite a large erosion.

These x-rays are of a 46 year old male who presented with bilateral symmetrical polyarthritides, deformities of hands and multiple large subcutaneous nodules over dorsum of hands, fingers, elbows, knees and feet for 10 years duration. He had history of chalky white discharge, intermittently, from the nodules over the feet. There was history of passage of small claculi per urethra about 1.5 years prior to presentation. A definite diagnosis of gout was made by demonstrating negatively birefringent intracellular mono sodium urate crystals from the tophi by compensated polarised light microscopy.

Radiologically, gout is characterised by asymmetrically located punched out erosions with sclerotic borders and over-hanging edges, tophi appearing as asymmetric soft tissue swellings with variable amount of calcification, absence of juxta articular osteoporosis despite erosions, preservation of joint space, absence of bony ankylosis despite extensive destruction and some times, intraosseous calcification.

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