

Gout

- Inflammatory arthritis due to deposition of Monosodium urate monohydrate crystals due to $\uparrow$ Uric acid.

Causes:

1) Increased Intake:

- Red meat, Anchovy, Organ Meat, Shellfish.

2) Increased Production.

- Phenylalanine, Glycogen storage disease, High purine intake.

3) Decreased Clearance:

- Renal failure, Alcohol, Lactic acidosis, lead toxicity.

Risk Factors & Epidemiology

- Obesity, Diabetes, Chemotherapy and radiotherapy.
- Men: Female = 5:1 Metabolic syndrome.

Pathophysiology

Purines (In DNA & RNA)

↓ Break down

Uric acid

↓

Urate ions

↓ Bind to Na^+

Monosodium Urate
Crystals.

- When $\uparrow\uparrow\uparrow$ Purine & Uric acid $\rightarrow$ Crystal formation

Clinical features

- Usually First MTP of Big Toe. (Podagra) other areas like ankle, knee, small joints of hand, wrist.
- Rapid onset, reaching peak in few hours.
- "Worst pain ever".
- Extreme tenderness, cannot bear sock on bed.
- Red, shiny skin.
- Self limiting within 5-14 days.
- Tophi bodies
 - Crystals may be deposited on the joints and soft tissues and produce irregular firm nodules called Tophi.
 - Usually in extensor surface of fingers, hands, Forearm, Achilles Tendons.
 - White in colour differentiating it from the Tophi & Rheumatoid Nodules.
 - Tophi may ulcerate, discharging white gritty material which might get infected with erythema and pus.
 - It may also occur without any preceding acute attacks.
 - It may also Form Renal stones a complication.

Investigations:

- Aspiration from the Joints or Tophi
- $\rightarrow$ Acute $\rightarrow$ $\uparrow$ Neutrophils
- Chronic $\rightarrow$ white, due to urate crystals.
- $\uparrow$ Uric acid levels $> 7.0 \text{ mg/dl}$.
- $\uparrow$ ESR & CRP.
- X ray $\rightarrow$ Tophi Bodies.

Complications:

- Chronic Gout $\rightarrow$ Arthritis, Tissue Destruction,
- Kidney stones, Urate Nephropathy.

Management:

- Avoid meat and other purine rich diet.