

A MULTIDISCIPLINARY APPROACH TO THE DIAGNOSIS AND TREATMENT OF ATYPICAL TOPHACEOUS GOUT

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INTRODUCTION


Gout is a chronic disease associated with impaired uric acid metabolism. The primary clinical manifestations of gout include recurrent acute arthritis and the formation of gouty nodules (tophi). Tophi are deposits of uric acid crystals surrounded by granulomatous tissue. A vital laboratory indicator in gout is elevated uric acid levels (hyperuricemia), which contribute to the progression of comorbid conditions in patients, such as coronary artery disease, dyslipidemia, and type 2 diabetes mellitus. The development of tophi is generally observed in cases of prolonged or poorly controlled hyperuricemia. Management of uric acid levels involves dietary modifications and urate-lowering medications.

Objective. To analyze approaches to the diagnosis and treatment of tophaceous gout with atypical tophi locations.

Materials and Methods. Patients diagnosed with gout and clinical cases of atypically located gouty tophi.

Results. Diagnosis is usually straightforward in typical locations (affected joints, Achilles tendon, and auricles). However, a different scenario arises with atypical tophi locations. Most often, tophi are found in the spine (60% of cases examined), followed by ENT organs (nose, ear, laryngeal ligaments) at 19%, ligaments, and tendons at 11%,





parenchymal organs at 6%, and rare locations such as the eye, organ cartilage, and reproductive organs at 4%. Diagnostic challenges primarily stem from nonspecific and varied clinical presentations, ranging from asymptomatic courses to neurological deficits or signs of active inflammation (tenosynovitis, pancreatitis). Additionally, 25% of patients with atypically located tophi were not diagnosed with gout at the time of presentation. For atypical tophi locations, diagnosis is mainly confirmed through surgical intervention (76%) due to the presence of a mass or pronounced clinical symptoms; fine-needle biopsy is used less frequently (17%), and conservative management without invasive procedures is chosen in some cases (7%).

Conclusions. Atypical tophi locations often complicate diagnosis and treatment. Three-quarters of patients have a pre-established gout diagnosis, indicating poor disease control (non-adherence to diet, low compliance with therapy, insufficient dosing). It is crucial to emphasize that atypical tophi locations necessitate a multidisciplinary approach involving specialists from various fields for diagnosis and treatment planning.

