

Tophaceous Gout: A Rare Case, Crucial Lessons

Gota Tofácea: Um Caso Incomum, Lições Fundamentais

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We present the case of a 60-year-old male with a history of right partial nephrectomy and post-traumatic splenectomy, arterial hypertension, chronic alcoholism, peripheral arterial disease, chronic kidney disease G3b A1, and polyarticular tophaceous gout, with amputation of the 3rd finger of the right hand due to an infected gouty tophus. During home consultation, prominent gouty tophi and articular deformities were noted on the palmar and dorsal aspects of both hands, as well as articular structural changes and gouty tophi in the medial aspect of both knees, leading to permanent chronic pain and functional disability. Multiple gout flares were described during the course of the disease, mainly treated with colchicine and prednisolone. For chronic hyperuricemia control, he was previously treated with allopurinol 300 mg for several years, which was replaced by febuxostat 80 mg four years ago due to its more favorable pharmacokinetic

profile in the context of chronic kidney disease. Before the initiation of urate-lowering therapy, the patient's serum uric acid levels ranged between 11.2 and 12.5 mg/dL. More recently, he maintained uric acid levels persistently above 8.5 mg/dL despite treatment. This suggested inadequate therapeutic adherence and/or undertreatment, since the previously prescribed dose of allopurinol was well below the maximum daily dose (800 mg). Due to joint pain, he is medicated with tramadol + paracetamol 37.5 + 350 mg twice daily for chronic pain management.

Gout is the most common microcrystalline arthritis, predominantly affecting men over 40 years, which is characterized by deposition of monosodium urate crystals in joints, bones, soft tissues and kidneys.¹ The European prevalence ranges from 0.9% to 2.5%.¹ Nevertheless, large tophi are unusual in chronic gout.² They are observed in individuals with prolonged dis-

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FIGURE 1. Marked joint deformity and multiple bilateral gouty tophi in both hands.

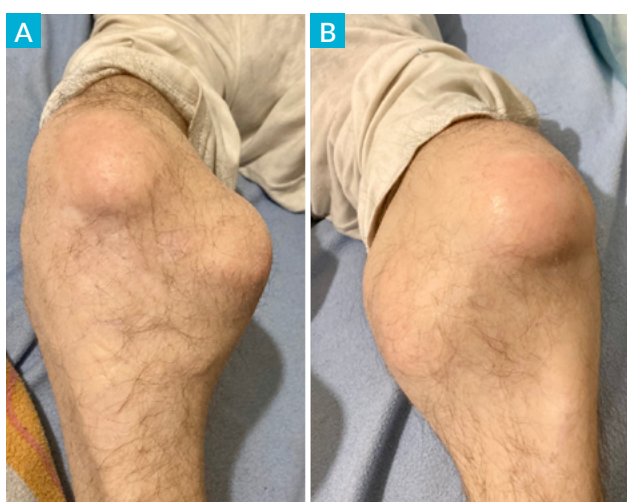


FIGURE 2. Structural deformities and gouty tophi of the medial aspect of both knees. A – Right knee; B – Left knee.

ease, inadequate follow-up and/or non-adherence to prescribed treatment and in chronic kidney disease. The deposition of monosodium urate crystals, resulting from chronic hyperuricemia, triggers the formation of gouty tophi and recurrent acute flares, both contributing to progressive articular damage.³ This clinical presentation demonstrates the progression of polyarticular gout in individuals with poor therapeutic adherence, culminating in functional limitation and chronic pain. The rarity of this clinical case is an opportunity to highlight the importance of early diagnosis, implementation of effective therapy and increased awareness of the disease's impact on quality of life.

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