

Clinical-Medical Image

Severe Gout

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Figure 1: A 59-year-old man presented to the Rheumatology clinic showing important deformities in both hands.

Keywords: Rheumatology; Severe gout; Hypertension; Nephropathy; Dyslipemia

Case History

Previously diagnosed gout, never started urate lowering therapies and did not have the correct lifestyle and dietetic measures, developing chronic gout without any medical control. Tophi develop due to deposition of monosodium urate in articular, peri-articular and subcutaneous tissues. He presented important tophi in both hands generating severe functional limitation. Instead of re-starting urate lowering treatment, the patient didn't follow our recommendations and developed not only local complications (such as infection tophi that underwent complete amputation of the 3rd finger of the left hand) but systemic cardiovascular complications related to chronic deposit of urate like uric acid nephropathy, hypertension, dyslipemia showing the narrow link between hyperuricemia and increased risk of metabolic syndrome and other cardiovascular disorders. It is our duty as physicians to warn the patient of the importance of following the recommendations as well as insisting on the vital importance of the follow up and the adherence to treatment (Figure 1).

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