

Gout

- 1. You are the ER Med Resident working night shift and sign up to see a 55-yr-old man in Room 14. He has a very painful, red and swollen left big toe which awakened him from sleep a few hours ago. He reports having about 10 similar episodes in the past 5 years or so, including 3 in the past year alone. His medical history includes hypertension, “angina” and alcohol withdrawal admissions. He takes HCTZ, Lisinopril, and baby ASA. On exam, his temp is 38.3, pulse 100, BP 150/100, weight 220lb, BMI 32. There are nodules on his right elbow and helix of the ear. The first MTP is red, swollen and too tender to manipulate, with erythema extending up the midfoot. The other toes, MTP’s and joints are not red or tender. What are your top concerns in the differential diagnosis?**
- 2. What tests will you order to further evaluate the patient?**
- 3. Lab data show WBC 12,000 with left shift, Creatinine 1.2, BUN 20, Uric Acid 9.0, LFT WNL. The ER attending helps you perform an aspiration of the MTP joint but you get only a few drops. What are the synovial fluid characteristics of gout? Does this patient meet the American College of Rheumatology criteria for gout?**
- 4. What treatments would you consider for this patient’s acute symptoms?**
- 5. The patient’s acute symptoms improve enough with oral NSAID and IV morphine for you to recommend disposition home. What are the medical conditions and risk factors for his gout and hyperuricemia?**
- 6. The patient comes to see you in IMS a month later. He has made changes in diet, reducing the alcohol and red meats. His cardiologist changed his diuretic to a beta-blocker. He reports no gout symptoms and the foot exam is normal, but is concerned about future episodes. What are the options for the chronic management of gout?**

- 7. At the next appointment you are seeing the patient's younger brother. He reports being in good general health but has a history of hyperuricemia. He denies ever having joint pains or kidney stones, but wants to know if he should be taking allopurinol, too. What are your recommendations for this patient's asymptomatic hyperuricemia?**

- 8. You are in IMS and evaluating a 48-yr-old man status post successful heart transplant 2 years ago, who complains of fatigue. His transplant is stable on a regimen of cyclosporine, mycophenolate mofetil and low-dose prednisone. He had recurrent bouts of foot pain and was diagnosed by aspiration of crystals to have gout and started on low-dose colchicine a few weeks ago. While he has not had further pain in the joints, he now feels very fatigued and weak getting out of bed or a chair. Your examination confirms proximal muscle weakness. What is your diagnosis of his muscle weakness?**