

TOPHACEOUS GOUT

A 24-year-old male developed a painful swelling of the proximal interphalangeal joint of the left index finger since 2 months and a creamy-yellow, pea-sized nodule on the helix of the pinna of the right ear since one month. The nodule on the helix burst spontaneously at its centre discharging a creamy-white material. None in his family had similar disease. Examination revealed fusiform swelling of the proximal interphalangeal joint of the left index finger (Fig. 1). It was tender and the skin over the



Fig. 1. Note a pea-sized nodule of tophus on the helix of right ear. The proximal interphalangeal joint of the left index finger is swollen due to gouty arthritis.

joint was erythematous and warm. There was no involvement of other joints and all other systems were clinically normal. Routine laboratory tests on blood, urine and stools were normal except for a raised ESR (30 mm). Serum uric acid was 12 mg/100 ml. Rose-Waaler, LE cell and blood VDRL tests were negative. Blood urea and serum creatinine values were within normal limits. X-ray of the left hand showed soft tissue swelling of the affected joint of the index finger. Smears taken from the contents of the nodule of the helix revealed numerous needle-shaped crystals.

A diagnosis of tophus with gouty arthritis was made and he was given colchicine 0.5 mg four times a day for 14 days. Within 24 hours of colchicine therapy there was dramatic improvement in the signs and symptoms of arthritis and it regressed completely at the end of 12 days. The discharge from the tophus became less and the size of the nodule decreased by the end of 3 weeks. Later, he was treated in the medical ward with allopurinol. Gouty tophus is an extremely rare disorder observed in this part of the country. The presence of tophus on the helix made the diagnosis of gouty arthritis easy in our patient.

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