

## WHAT IS YOUR DIAGNOSIS ?

Thirty-two year old male patient presented with history of painful swelling and discharging sinuses on the left heel and under the left big toe for 2 years, Three years earlier he was hospitalised for intermittent pain and swelling in the small joints of hands and feet which had been present for 10 years and used to be associated with fever. He was treated at that time with high doses of aspirin. This did not give any satisfactory relief. Since then, swelling had gradually increased in size and broken down at several points discharging whitish material.

Examination revealed large lobulated swellings at the base of both big toes (fig. 1). The overlying skin was stretched, shiny and orangish-yellow in colour. There was a similar swelling on the 2nd left toe. Large soft swellings were also present on the left sole at the heel and proximal to the base of the big toe. There were sinuses discharging whitish soft material over these swellings (fig. 2). Slightly tender swellings were also present over the proximal I. P. joints of left index and right middle fingers (fig. 3). Systemic examination revealed no abnormalities.

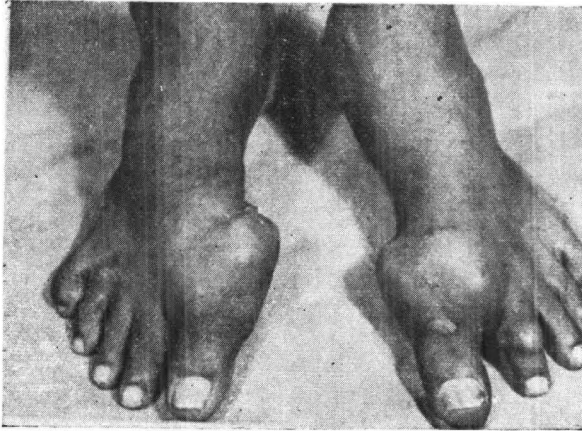


Fig. 1



Fig. 2

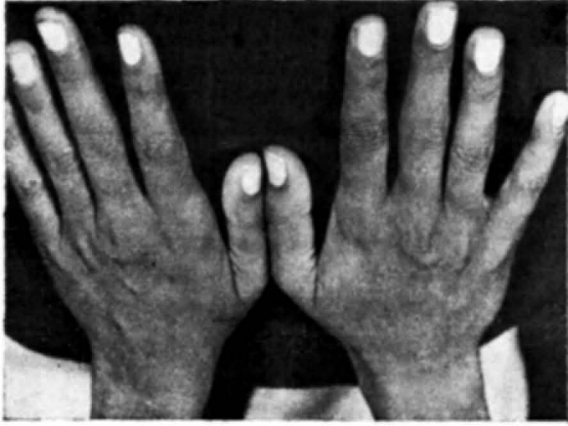


Fig. 3

### Differential diagnosis

1. Rheumatoid arthritis with subcutaneous nodules
2. Xanthoma tuberosum
3. Gouty arthritis with tophi

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Family history revealed that patient's father at the age of about 40 years had chronic arthritis which does not bother him any more. At the age of 65 years he was detected to have hypertension. There was no other significant family history. History of chronic arthritis in a young male with a history of similar problem in the father; predominant affection of the big toes, characteristic orange-yellow discoloration of the skin over the swelling and the highly suggestive appearance of the discharge, all pointed to a diagnosis of gouty arthritis with tophi. Direct examination of the material in saline under the microscope revealed presence of large numbers of needle like crystals of sodium biphosphate. Serum uric acid level was found to be 13.2mg%. Histology of the nodule confirmed diagnosis of a gouty lesion. X-ray showed osteoporosis and punched out areas in the first metatarsal and adjacent phalanges.

**Final diagnosis : Gouty arthritis with tophi**