



GOUT CO-EXISTING WITH RHEUMATOID ARTHRITIS: A CASE REPORT.

Dr. Lovdeep Saini	Senior resident, Dept. Of Medicine, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.
Dr. Saurabh Agarwal	Assitant Professor, Dept. Of Medicine, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.
Dr. Ritu Thapliyal*	Assitant Professor, Dept. Of Medicine, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India. *Corresponding Author
Dr. Amit Varma	Professor & Head- Dept. Of Medicine, Shri Guru Ram Rai Institute of Medical and Health Sciences, Dehradun, Uttarakhand, India.

ABSTRACT Co-existence of two entities, RA and Gout is a rare phenomenon and patients of RA presenting with acute onset symptoms should be evaluated for the presence of Gout. We present a case of 72yrs old female presenting with acute onset of pain and swelling at four joint regions with decreased range of motion. She had a long history of pain and swelling of multiple small and large joints and was a diagnosed case of Rheumatoid arthritis on treatment and now she was diagnosed as having acute gout.

KEYWORDS :**INTRODUCTION**

Rheumatoid arthritis and Gout are relatively common diseases, but their coexistence is a rare phenomenon. Studies show that RA can indeed be complicated by concomitant gout. (1) Gout is a disorder of purine metabolism, usually associated with recurrent bouts of arthritis in the joints of the lower limbs affecting more commonly men 40 to 50 years of age. Gout, which is caused by the overproduction of uric acid, is a common medical diagnosis that can have a presentation similar to Rheumatoid arthritis. (2)

Rheumatoid arthritis is a chronic, systemic, inflammatory disease affecting the synovial membranes and causing muscle atrophy and bone deformity. This condition can lead to significant debilitation in patients if not identified early and managed appropriately. (3,4)

REPORT

A 72yrs old female presented to the Department of Medicine with long standing history of pain and swelling of multiple small and large joints of bilateral knees, shoulders and hands for approximately 20 years with early morning stiffness lasting for 2-3 hrs. Patient was formally diagnosed with Rheumatoid arthritis 6 months ago when she came for evaluation for her persisting joint pain. She was being treated with steroids and DMARDs for the past 6 months. Now patient presented to our hospital with severe intensity pain and swelling of the right sided 1st metatarsophalangeal joint, right side wrist and 1st, 2nd metacarpophalangeal joints occurring one day prior to admission.

Laboratory findings were- RA factor-positive, anti-CCP-112.8 RU/ml, CRP-73.2, ESR-91mm at 1st hr, Serum uric acid -11.4mg/dl. Swelling at the MTP and MCP joints became red, warm and tender with features of inflammation. Her wrist was swollen and tender and she complained of decreased range of motion in her affected wrist and metacarpophalangeal joints. She was treated with anti gout medications and analgesics for relief of pain.

The patient was discharged 8 days after admission in stable condition. She had decreased swelling and joint pain as well as improved range of motion in the right hand.

DISCUSSION

Our patient a diagnosed case of Rheumatoid arthritis had come with sudden onset of symptoms and she fulfilled the ARA criterias for acute gout. As pointed out earlier Rheumatoid arthritis and gout are rarely found together. The reason for the lack of coexistence between these two diseases is still disputed. Hyperuricemia may produce an immunosuppressive effect on RA because rheumatoid factor is decreased in these patients.(5) High concentrations of uric acid may function as an antioxidant and a free radical scavenger.(6)

surfaces and a negative correlation between serum uric acid concentration and clinical activity in rheumatoid arthritis have been demonstrated. (7)

Despite of these probable mechanisms illustrated in the literature which do not favour their coexistence, there have been few reports of concomitant RA with Gout. (8)

CONCLUSION

This case report shows the importance to evaluate the patients of Rheumatoid arthritis for the presence of hyperuricemia especially when they present with acute onset of symptoms.

REFERENCES

- Baker DL, Stroup JS, Gilstrap CA. Tophaceous gout in a patient with rheumatoid arthritis. *J Am Osteopath Assoc* 2007; 107(2):554-6.
- Terkeltaub RA. Gout. *N Engl J Med*. 2003; 349:1647-1655.
- Zonana-Nacach A, Alarcón GS, Daniel WW. Rheumatoid arthritis preceding the onset of polyarticular tophaceous gout. *Ann Rheum Dis*. 1996;55:489-490.
- O'Dell JR. Therapeutic strategies for rheumatoid arthritis. *N Engl J Med*. 2004; 350:2591-2602.
- Bachmeyer C, Charoud A, Mougeot-Martin M. Rheumatoid nodules indicating seronegative rheumatoid arthritis in a patient with gout. *Clin Rheumatol*. 2003;22:154-155.
- Spector AK, Christman RA. Coexistent gout and rheumatoid arthritis. *J Am Podiatr Med Assoc*. 1989; 79:552-558.
- Gordon T P, Ahern M J, Reid C, Roberts- Thompson P J. Studies on the interaction of rheumatoid factor with monosodium urate crystals and case report of coexistent tophaceous gout and rheumatoid arthritis. *Ann Rheum Dis* 1985; 44: 384-9.
- Khosla P, Gogia A, Agarwal PK, et al. Concomitant gout and rheumatoid arthritis - a case report. *Indian J Med Sci* 2004; 58(8):349-52.