

Case Report

Gout Treatment-Helpful Treatment Options

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Abstract

Gout is a relatively common condition affecting those as young as those in their 20's. There are many risk factors. This case report looks at a 40 years old man who had many acute gout attacks and what treatment options were helpful for him.

Keywords: Gout; Toe; Tophi; Allopurinol; Analgesics

1. Introduction

Gout is a relatively common condition affecting those as young as those in their 20's. There are many risk factors [1]. These include having concurrent hypertension, being overweight and obese, having a high blood uric acid count as well as consumption of food containing high purine levels, such as sea food, red meat as well as alcohol [1]. Its impact is undoubted, both at the individual and also at the national level. At the individual level, it can result in great suffering [1] whereas at the national level, it may cost great loss of productivity due to unavoidable sick day leaves taken. This case report looks at a 40 years old man who had many acute gout attacks and what treatment options were helpful for him.

2. Case Report

A 40-year-old man was seen at a primary care clinic having his 4th attack of acute gout this year, affecting the same spot over right metatarsophalangeal joint or also known as podagra. Initially, only limited to one to two attacks this past five years, the attacks have been quite frequent this year. He claims to compliant in terms of avoiding food with high purine content. He does not smoke or consume alcohol either. On examination, severe erythema and tenderness was noted over the affected joint. Range of motion was reduced. His vital signs were normal. In view of his severe

pain, he was given an intramuscular diclofenac injection over his gluteal region. He was also prescribed oral diclofenac tablets. He was asked to return in one week with a possibility to start the prime anti-gout regimen, allopurinol. He came back one week later, fully recovered from his acute gout attack. Upon a detailed discussion on the need of prophylactic anti-gout medication to prevent further gout attacks which can lead to more severe complications such as joint destruction, renal failure as well as development of renal uric acid stones, he agreed to start allopurinol. He started on alluporinol 150 mg daily. The use of allopurinol was justified in this case as he had more than 3 acute gout attacks this year. He was advised to return back and stop this drug immediately on appearance of a rash or other features of allergy. He agreed and was given a return appointment in 4 weeks. At this sitting also, a full blood profile, especially of the renal profile and uric acid was also taken. The patient returned four weeks later with no adverse effects reported. His allopurinol dose was increased to 300 mg daily and he was given a two month appointment now. His renal profile and uric acid level were in the normal range. Over the next few appointment visits, he did not have even a single acute gout attack and is compliant to his treatment.

3. Discussion

After ruling out the important differential diagnosis of rheumatological disorders as well as getting a detailed account of similar recurrent attacks of gout, a provisional diagnosis of recurrent gout attacks can often be made with confidence [2-6]. There are many treatment options available that needs to be offered to the patient to prevent complications of recurrent gout attacks such as tophi, renal stones, renal failure as well as complication from taking of analgesics itself. This includes use of analgesics and intra-articular corticosteroids in acute gout attacks as well use of prophylactic anti-gout preparation such as allopurinol and probenecid to prevent further attacks of gout [1]. These various treatment options must always be accompanied with advice to avoid food with high purine content such as seafood, red meat and also alcohol. Equally important is the need to reduce weight and maintain normal blood pressure readings which was noted in this patient.

The use of a short course of oral prednisolone can be useful in those with contraindication to the use of analgesics or colchicine, which is another regimen that can be used for acute gout attacks. An important point to be emphasized is that the use of intra-articular corticosteroids is often preceded with the use of lignocaine injection in which precaution needs to be taken to avoid lignocaine toxicity [7]. Compliance to allopurinol in most cases will prevent recurrence of acute gout attacks as compliance to other diseases such as hypertension and dyslipidaemia often produces a favourable outcome for its user [8].

4. Conclusion

In summary, this was an interesting case of a middle-aged man with recurrent gout attacks in which the introduction of allopurinol management to bring significant improvement to the control of his gout attacks and also his quality of life.

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References

1. Ministry of Health Malaysia. Clinical Practice Guidelines on The Management Of Gout 2018. Malaysia: Ministry of Health Malaysia (2008).
2. Rashid AA, Devaraj NK, Kahar JA. Patellofemoral Pain: A Not So Trivial Knee Injury (A Case Report). *International Journal of Human and Health Sciences (IJHHS)* 3 (2019): 120-122.
3. Navin Kumar Devaraj. Temporomandibular Joint Dysfunction as a Cause of Facial Pain-A Case Report. *Fortune Journal of Rheumatology* 1 (2019): 009-011.
4. Devaraj NK. The difficult rheumatology diagnosis. *Ethiopian journal of health sciences* 28 (2018): 101-102.
5. Devaraj NK. The Atypical Presentation of Rheumatoid Arthritis in an Elderly Woman: A Case Report. *Ethiop J Health Sci* 29 (2019): 957-958.
6. Navin Kumar Devaraj. Giant cell arteritis: Where did we go wrong? *Fortune J Rheumatol* 1 (2019): 012-014.
7. Devaraj NK. A case of lignocaine toxicity. *Archives of Medical Science-Civilization Diseases* 2 (2017): 48-49.
8. Devaraj NK. Prevalence, Factors Influencing, and Knowledge About Adherence to Lipid-Lowering Therapy Among Hyperlipidemia Patients. *International Journal of Cardiology* 249 (2017): 7-8.

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