



Gout in a patient with ankylosing spondylitis

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Clinical image description

A 55-year-old male presented with inflammatory polyarthriti-
tis of one month duration. He had history of inflammatory low
back pain for 25 years, and intermittent inflammatory arthritis
of various joints for 12 years, with each episode occurring every
two years, involving one or two joints and lasting for about three
weeks. He was using intermittent analgesics for back pain, and
alternative therapy during arthritis episodes. He underwent left
hip replacement for osteoarthritis in 2012, and right total hip
replacement for femur neck fracture in 2015. In 2019 zoledron-
ic acid was started for osteoporosis. On examination bilateral
wrist and left elbow were tender and swollen. Bilateral mid foot
joints and all Metatarsophalangeal (MTP) were also tender. All
cervical and lumbar movements were restricted. Serum uric acid
was normal, erythrocyte sedimentation rate was elevated and
radiograph was suggestive of ankylosing spondylitis (AS) (Figure
1). Considering peripheral arthritis of spondyloarthropathy, in-

domethacin and sulfasalazine were initiated. Ten days later he
had acute onset excruciating pain at right first MTP joint, which
was warm, tender and swollen with overlying erythema (Figure
2). Septic arthritis was ruled out as leucocyte count was normal
and patient was afebrile. Though crystals were absent in syn-
ovial fluid from left elbow, a diagnosis of polyarticular gout with
AS was made on clinical grounds. Dramatic response was seen
with five days of 30 mg oral prednisolone and colchicine.

Although the coexistence of gout and AS is thought to be
rare and only few cases are reported, results from a recent case
control study by Gonen et al [1], suggested that prevalence of
gout in AS is not less than general population. Thus, physicians
should keep gout in mind as a possible diagnosis when manag-
ing peripheral arthritis in AS patients, as treatment strategies
are different for both the diseases.





Figure 1: Radiograph showing bilateral grade four sacroiliitis and ankylosis of lumbar vertebrae



Figure 2: Photograph showing inflamed right first metatarsophalangeal joint

References

1. Gonen T, Tiosano S, Comaneshter D, Amital H, Cohen AD, Shovman O. The coexistence of gout in ankylosing spondylitis patients: A case control study. *Rheumatol Int.* 2020; 40: 465-470.