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Clinical Image

Chronic Tophaceous Gout: A Clinical Image

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A 50-year-old Samoan man with a 10-year history of gout, recently admitted for an infected lower-limb wound, presented for the first time to the rheumatology clinic. He had progressive, deforming polyarticular tophi causing cosmetic distress but minimal pain (**Figure 1A**). He remained functionally independent and worked as a delivery driver. Medications included prednisolone 5 mg, allopurinol 200 mg daily, and colchicine 0.5 mg daily. Examination revealed extensive, non-tender tophi involving the hands, elbows, bilateral ear pinnae (left greater than right), feet, and right malleolus, with marked joint deformity. Serum urate was 0.59 mmol/L with preserved renal function. Magnetic resonance imaging of the right foot (T1-weighted, axial view; **Figure 1B**) demonstrated extensive bony erosion with possible osteomyelitis. He was treated with a 6-week course of amoxicillin–clavulanate and discharged with multidisciplinary follow-up for gout optimization and wound care, highlighting advanced tophaceous gout and the importance of early, treat-to-target urate-lowering therapy. [1,2]

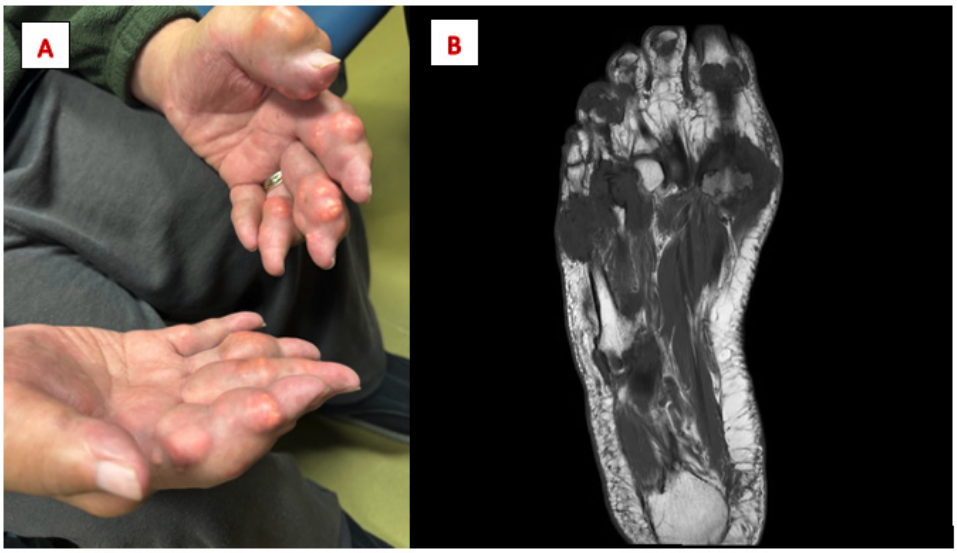

Figure 1: A, Extensive deforming polyarticular tophaceous gout of the hands, with multiple subcutaneous tophi. **B,** MRI of the right foot (T1-weighted, axial view) demonstrating extensive tophaceous deposits with associated bony erosion.

Learning Points

- Chronic tophaceous gout remains a preventable cause of severe joint destruction and disability, often resulting from prolonged hyperuricemia and inadequate achievement of target serum urate levels with urate-lowering therapy.

- Tophaceous gout can present with extensive deforming tophi despite relatively preserved function and minimal pain, highlighting the potential discordance between structural disease burden and symptom severity.
- Early and intensive urate-lowering therapy, together with multidisciplinary care, is essential to prevent complications such as erosive arthropathy, infection, ulceration, and reduced quality of life.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this report.

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CONFLICT OF INTEREST

None.

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