

## Clinical image

# Severe polyarthritis in a patient with chronic tophaceous gout

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This is the case of a 67-year-old man with a history of chronic tophaceous gout currently being treated with allopurinol and a low dose of corticosteroids. He presented to our department with low grade fever, severe arthritis of lower and upper limbs, muscular weakness primarily in the lower limbs, pain and stiffness. Upon clinical examination, extensive tophi in multiple joints with corresponding deformities were also noted. Laboratory tests revealed elevated inflammatory markers and significant hyperuricaemia. The clinical image was attributed to gout flare. Typically, gout attack affects one foot and is self-limited in a few days. However, if hyperuricaemia is

prolonged and gout goes untreated over time, recurrent flares occur more frequently and can affect more than one joint, including joints of the upper limbs. Our patient mentioned multiple episodes of febrile polyarthritis attributed to gout in the past. He has also received canakinumab with notable poor adherence to both pharmacological therapy and follow-up, though. Corticosteroid treatment at a dose of 16 mg and colchicine were initiated with inadequate response. Anakinra was then added to control gout flare. After the initiation of anakinra, pain, and joint swelling were significantly reduced and gradually receded.