QUESTION 39 Gout

A 67-year-old man presents with a two-day history of painful and swollen right first metatarsophalangeal joint. He has a previous history of ischaemic heart disease, renal impairment (creatinine 0.24 mmol/L [0.05-0.09]) and mild type 2 (non-insulin-dependent) diabetes mellitus treated with diet. On examination his temperature is 37.3°C and the affected joint is red and exquisitely tender.

The most appropriate initial treatment is:
A. flucloxacillin.
B. indomethacin.
C. celecoxib.
D. prednis(ol)one.
E. allopurinol.

As patient has presented with red hot 1st metatarsophalangeal joint with a history of renal impairment (reduced urate excretion) and afebrile, this is a most likely diagnosis of gout rather than a septic joint.

Therefore flucloxacillin is not an option for gout.

Treatment for Gout

1) NSAIDS – not advised due to renal impairment
2) Colchicine – option not given
3) Oral prednisolone – next best option for renal impairment
4) Intra-articular glucocorticoids
5) Uricosuric agents
   • Probenacid
     not effective in with renal creatinine clearance < 1ml/s
     drug of choice to treat elderly pt with HT and thiazide dependence
   • Allopurinol
     not used in acute flares
     Considered when hyperuricemia cannot be corrected by simple means
       o Control of body weight
       o Low purine diet
       o Increase in liquid ingestion
       o Limitation of ethanol intake
       o Avoidance of diuretic use

   Indicated
     o Gouty arthritis + tophi + erosions on Xray
     o >/= 2 attacks per yr + urate nephropathy + urate calculi
     o To normalize serum uric acid < 300micromol/L

Answer D Prednisolone