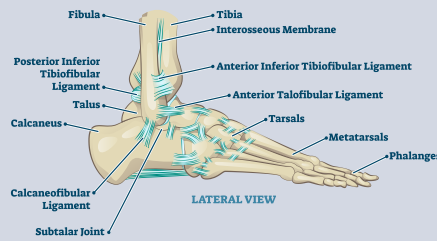


Foot and Ankle Conditions and Treatments



GOUT AND PSEUDOGOUT

What is gout?

Gout is a type of inflammatory arthritis caused by constantly high levels of uric acid in the blood, which causes a buildup of uric acid crystals in the joints and surrounding tissues. Accumulation of these crystals in a joint creates irritation and leads to attacks of painful, swollen, red, hot and stiff joints. The big toe joint is affected in 50% of cases. Recurrent acute attacks are common. However, gout can affect any joint and can irritate tendons near the affected joint. These crystals can also form in the kidneys and cause kidney stones.

What causes high levels of uric acid in the body?

Hyperuricemia is consistently high blood levels of uric acid from diets high in purines and fructose and underexcretion of uric acid in the kidneys. These are the primary causes of gout. New studies report that hyperuricemia is associated with cardiovascular disease, hypertension, metabolic syndrome and related vascular diseases. Genetics determine uric acid levels in the blood.

Foods that contain purines include meat, seafood, beer, liver, dried beans and peas, and anchovies. Additionally, certain medications for high blood pressure, diuretics, blood thinners and a drug called cyclosporine, which is used for transplant patients, can increase uric acid in the body.

Who is at risk for gout?

About 4% of the population suffers from gout, including 6 million men and 2 million women.

Gout is common in older overweight men with a genetic predisposition who have diseases like insulin resistance, high cholesterol, heart disease, hypothyroidism and/or kidney disease, and a lifestyle that includes drinking alcohol and eating foods rich in purines.

What are the symptoms?

Gout is characterized by sudden, severe attacks of arthritis that cause pain, redness and joint tenderness. Gout attacks typically begin in the big toe joint followed by attacks to the ankles, heels, knees, wrists, fingers and elbows. Gout is so painful that it may be too painful to move.

How is it diagnosed?

Diagnosis is difficult and may require aspiration of the fluids in the inflamed joint in which crystals have formed. Diagnosis is based on your medical history, medications, physical exam, symptoms, x-rays and lab tests.

Treatment

Attacks are treated with anti-inflammatory medications or colchicine to reduce swelling, redness and pain. Frequent episodes may be managed with steroid pills or injection and other medications.

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Splints and compression bandages can help reduce swelling and pain.

Untreated, the inflammation can cause infections, damage joints and tear the tendons, resulting in loss of function and disability. When the joint and tendons are damaged, surgery may be necessary. To prevent gout attacks, treatment is aimed at lowering uric acid levels in the body.

What is pseudogout?

Pseudogout is also called calcium pyrophosphate deposition or CPPD. It's another type of inflammatory arthritis that produces sudden, severe attacks of joint pain and inflammation that limit mobility for days or weeks. It's caused by deposits of calcium phosphate crystals in the cartilage in a joint and damages the cartilage.

Pseudogout typically attacks the knee but can attack the wrists, shoulders, ankles, elbows and hands. It affects about 3% of people aged 60 and older. However, many older people have no symptoms.

Who is at risk?

The risk of pseudogout increases with age, a family history, too much iron in the blood, low magnesium levels, an overactive parathyroid, too much calcium in the blood, and osteoarthritis. It is frequently mistaken for gout, osteoarthritis or rheumatoid arthritis. Untreated pseudogout attacks can lead to joint degeneration and long-term disability.

Pseudogout diagnosis relies on symptoms and tests. Aspiration of the joint fluid can identify the calcium deposits. Imaging studies can detect calcium deposits in the joint cartilage and cartilage damage. Tests may be used to rule out other causes.

The pain of an acute attack may be treated with anti-inflammatory medications. When a patient cannot take these medications, treatment may involve draining fluid from the affected joints and injecting steroids. Low doses of colchicine and NSAIDs may be recommended to prevent attacks. Arthritis drugs may be recommended to decrease inflammation. When the joint is severely damaged, surgery may be recommended to repair or replace the joint.

Your doctor may recommend a rheumatology consultation. There you will receive the most advanced and individualized care based on the latest research and clinical guidelines.