

## CLINICAL PRACTICE

*Clinical Images*

## Urate Bulla: a Rare Manifestation of Gout

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A 91-year-old man with a history of gout presented with 5 days of painless erythema, paresthesia, and warmth over the palmar distal phalanx of his right 3rd digit. In the last day, the area developed a blister containing white material that



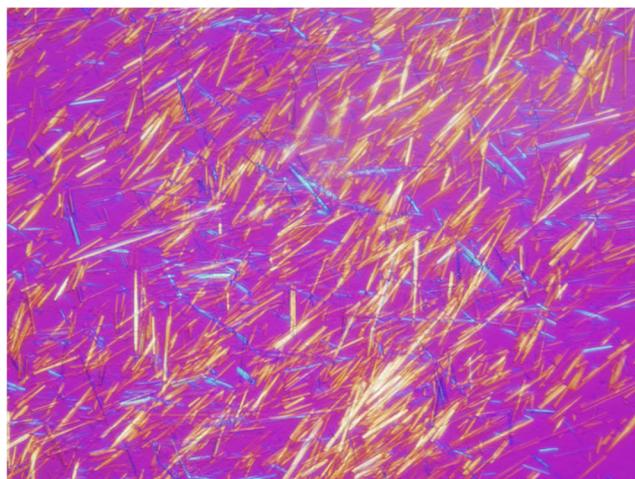
**Figure 1** White bulla (red arrow) with chalky material draining, over the palmar distal phalanx of the patient's right 3rd digit

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**Figure 2** Polarized microscopy of the draining bulla contents, demonstrating negatively birefringent MSU crystals

started draining spontaneously. He had no antecedent trauma or joint pain. On exam, he had a 1.5-cm bulla draining white, chalky material (Fig. 1). There was no pain in the surrounding joints. Polarized light microscopy of the material revealed negatively birefringent needle-like crystals consistent with monosodium urate (MSU) (Fig. 2). Serum uric acid level was 12.2 mg/dL. Milk of urate bulla was diagnosed.

Gout is an inflammatory arthritis caused by deposition of MSU crystals that frequently presents with recurrent acute attacks or with tophi.<sup>1, 2</sup> Very rarely, gout may present with milk of urate bullae which can rapidly form at sites of mild trauma.<sup>2, 3</sup> Although the bulla can be painful and overlie pre-existing tophi, it can also be painless and remote to existing inflammatory gouty disease.<sup>3</sup> Diagnosis is made by polarized light microscopy of the bulla's contents.<sup>3</sup> Effective treatment may involve drainage of the lesions and urate-lowering therapy.<sup>3</sup> In this case, the patient was started on allopurinol and colchicine with resolution of the bulla.

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**Compliance with Ethical Standards:**

**Conflict of Interest:** The authors declare that they do not have a conflict of interest.

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