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Letter to the editor

Letter to the editor regarding: “Tophaceous gout causing thoracic spinal cord compression: Case report and review of the literature”



We read with great interest the article “Tophaceous gout causing thoracic spinal cord compression: Case report and review of the literature” published in a recent issue of Neurochirurgie [1]. We were interested by the topic and the excellent drafting of the article. As clinicians, we should know that some diseases have both usual and atypical presentations. Gout is a metabolic disorder of purine metabolism that induces formation and precipitation of urate crystals [2], predominantly in the lower limbs, presenting as progressive weakness and incapacity [3]; however, any joint in the body, including spinal segments, can be affected by gout [2,4]. One of its unusual presentations includes tophi in the spine: some neurological manifestations in a subject with history of hyperuricemia can guide us to find the main problem. In spite of being a rare presentation of gout, spinal involvement has been increasing in comparison to previous statistics [5].

As mentioned above, gout is a metabolic disorder characterized by deposition of urate crystals and a resulting inflammatory reaction. It commonly affects the first metatarsophalangeal joint, ankles, wrists, knees and hand joints. The spine is not reported as a frequent location, but may occur in rare cases, although diagnosis and documentation are lacking for spinal gout in asymptomatic or mildly symptomatic patients (back pain, signs of nerve compression) [6]. It takes several years for gout to show radiological evidence of erosive change or tophi in the axial skeleton [7].

Wendling et al. present a retrospective study reviewing the medical charts of five patients with spinal gout seen over a 3-year period. We found from this study that there is a spectrum of manifestations that different patients can show, depending on the spinal segments involved and on progression. However, more studies are needed to be able to found clinical suspicion.

Since this is poorly documented condition, we encourage the medical community to promote and enhance new research on this pathology and these cases, specifically because there is not presently enough documented literature on spinal tophi due to gout.

Disclosure of interest

The authors declare that they have no competing interest.

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