Tendinous Xanthomas As A Differential Diagnosis Of Tofaceous Gout

Xantomas Tendíneos Como Diagnóstico Diferencial De Gota Tofácea

DOI:10.34119/bjhrv4n2-243

Recebimento dos originais: 31/02/2021
Aceitação para publicação: 31/03/2021

Tayra Hostalacio Gomes Brito
Acadêmica do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP)
Rua Julio Luis Pupim,172, Bairro Residencial Marcia, São José do Rio Preto (SP).
E-mail: tayrahgb@gmail.com

Vitória Hassem
Acadêmica do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Rua José Picerni, 151, apartamento 52, Bairro Jardim Panorama, São José do Rio Preto (SP).
E-mail: vitoriahassem@hotmail.com

Leda Maria Hammed Farinazzo
Acadêmico do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Avenida Alberto Andalo 3220 apto31 , Bairro Centro ,São José do Rio Preto (SP).
E-mail: lmhfarinazzo@gmail.com

Maria Eduarda Podboy Costa Junqueira
Acadêmico do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Rua Geraldo Batista do Prado 170,Bairro condomínio Village La Montagne. São José do Rio Preto (SP).
E-mail: meduardapcj@hotmail.com

Thilara Camila Mariano
Acadêmico do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Avenida JK de Oliveira, bairro Jardim Tarraf II, 1600, apartamento 73, Bairro Residence Splendor, São José do Rio Preto (SP) .
E-mail: thilaramariano@gmail.com

Kainara Sartori Bijotti
Acadêmico do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Alameda das Pitangas, 91, Bairro Residencial Thermas Park, Olimpia(SP)
E-mail: kainarabijotti@hotmail.com

Matheus Cestari Rocha
Acadêmico do sexto ano do Curso de Medicina da Faculdade Ceres – FACERES de São José do Rio Preto (SP). Avenida Francisco das Chagas Oliveira, 2455, Bairro Higienópolis, São José do Rio Preto (SP)
E-mail: matheuscestari28@gmail.com

ABSTRACT
Xanthomas are localized lipid deposits within organs. The report instigates the case of a patient undergoing treatment of topical gout, however, after histopathological analysis, she discovered whether xanthomatous granuloma

Keywords: Tendinous xanthomas, xanthomatosis, gout, tophi.

RESUMO
Os Xantomas são depósitos lipídicos localizados dentro dos órgãos. O relatório instiga o caso de uma paciente em tratamento de gota tópica, entretanto, após análise histopatológica, ela descobriu se o granuloma xantomatoso

Palavras-chave: xantomas tendíneos, xantomatose, gota, tophi.

1 BACKGROUND

Xanthomas are localized lipid deposits within organs that may manifest as papules, plaques, or nodules in skin. The clinical variants of cutaneous xanthomas include tendinous xanthomas whose appearance may resemble a tophaceous gout.

2 METHODS

Basic descriptive study (case report): collection of information in medical records “MV system” and bibliographic review in databases (“VHL” and books).

3 CASE REPORT

A 53-year-old woman started smooth, firm, but mobile, skin-colored nodules at the age of 10, and was referred to Rheumatology for follow-up of Chronic Tophaceous Gout. However, she denies a previous history of arthritis or hyperuricemia.

The lesions seen on physical examination are shown in Figure 1 and Figure 2.Subjected to an incisional biopsy of the lesion in the topography of the right patellar tendon. The anatomopatholic result showed xanthomatous granuloma associated with deposits of cholesterol crystals. Statin therapy was initiated and the patient's cardiovascular risk was assessed through consultation with a cardiologist. By patient's desire, directed to surgical excision

Figure 1

Figure 2

4 CONCLUSION

It is likely that many patients with gout and sustained hyperuricemia have a much larger burden of urate crystal deposits than is suspected by clinical examination alone. In contrast to the classic presentation, a number of reports have described patients with tophaceous deposits in the absence of, or prior to, gout flare, a presentation that was previously considered a rare occurrence restricted to patients with urate overproduction due to myeloproliferative disorders or hereditary enzyme defects.

Although this situation may, in part, reflect increasing recognition that tophi can form in any area containing connective tissue (including the meninges but not the brain and spinal cord), risk factors similar to those accounting for cryptic gout in older patients may contribute to tophus formation as the first sign of gout. Such patients are more likely to be women, have predominant or exclusive involvement of the fingers, have chronic kidney disease, and be treated with a diuretic or antiinflammatory drug.

REFERÊNCIAS

FitzGerald JD, Dalbeth N, Mikuls T, Brignardello-Petersen R, Guyatt G, Abeles AM et al. 2020 American College of Rheumatology Guideline for the Management of Gout. Arthritis Care & Research. Month 2020; 0(0); 1 – 17.

Moghadasian MH. Cerebrotendinous xanthomatosis: clinical course, genotypes and metabolic backgrounds. Clin Invest Med. 2004 Feb;27(1):42-50.

Bhattacharyya AK, Connor WE. Beta-sitosterolemia and xanthomatosis. A newly described lipid storage disease in two Sisters. J Clin Invest. 1974 Apr;53(4):1033-43.