

Dr. Weinstein replies

To the Editor:

Dr. Andrés and colleagues report an interesting case of clinically significant axial gout quickly responsive to prednisone therapy¹. We previously described that axial gout is often asymptomatic², but this case demonstrates the importance of recognizing a clinical gouty flare in the spine because of the effectiveness of therapy for the crystal-induced inflammation. This case also points out the superiority of computed tomography compared to magnetic resonance imaging in the diagnosis of axial gout. It is of interest that simultaneous active gout in the appendicular joints is not described in this patient, making it even more imperative to consider the diagnosis of spinal gout in a patient with chronic gout, especially in those patients with clinical and radiological evidence of chronic gouty arthropathy in the hands or feet².

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REFERENCES

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2. Konatalapalli RM, Lumezanu E, Jelinek JS, Murphey MD, Wang H, Weinstein A. Correlates of axial gout: A cross-sectional study. *J Rheumatol* 2012;39:1445-9.

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