Thoracic Clavicular Gout

Zheng Liao, MS, Li Deng, MS, Xiaowen Luo, MS, Zhenhua Wen, MS, Department of Rheumatology and Immunology, Zhuzhou Hospital Affiliated to Xiangya Medical College, Central South University, Zhuzhou, Hunan, China. Address correspondence to Dr. Z. Wen, Department of Rheumatology and Immunology, Zhuzhou Hospital Affiliated to Xiangya Medical College, Central South University, Zhuzhou, Hunan, 412007, China.

Email: wzhh37@hotmail.com. The authors declare no conflicts of interest relevant to this article. According to national and local regulations, the approval by the Ethics Committee is not required for a case report. Written informed consent was obtained from the patient.

Gout is a common condition characterized by the deposition of monosodium urate (MSU) crystals in articular and nonarticular structures. The formation of MSU crystals has been reported in atypical locations such as the eye, nose, spine, and viscera. Here we report a rare case of a patient with gout with thoracic clavicular joint involvement, who was once misdiagnosed as having tuberculosis.

A 76-year-old man presented to our hospital with a painful 5 × 3-cm mass on the medial side of the right clavicle (Figure 1A) for 1 year. Previous computed tomography (CT) scan showed a low-density signal lesion in the right sternoclavicular joint. Biopsy of the mass showed necrosis, with tissue-like cells and inflammatory cells on the smear. Diagnostic anti-tuberculosis (TB) treatment with isoniazid, rifapentine, and ethambutol for 1 month was ineffective. He had a previous history of gout and diabetes, no alcohol consumption, and no history of kidney disease or TB. After admission, laboratory examination showed that the erythrocyte sedimentation rate was 96 mm/h, C-reactive protein was 11 mg/L, and serum uric acid was 368 µmol/L. Subsequent chest dual-source CT revealed a large number of MSU crystals around the right sternoclavicular joint and thoracic costal joint (Figure 1B). The smear of puncture fluid revealed a large number of MSU crystals under the polarized light microscope, negative for acid-fast staining or TB molecular test. The patient’s pain was significantly relieved after the use of nonsteroidal antiinflammatory drugs and febuxostat.

ACKNOWLEDGMENT

We would like to thank the members and staff of the Department of Rheumatology and Immunology of the Zhuzhou Central Hospital who contributed to this manuscript.

REFERENCES


Figure 1. (A) A mass was observed on the medial side of the right clavicle, approximately 5 × 3 cm in size. (B) Chest dual-source computed tomography revealed a large number of monosodium urate crystals around the right sternoclavicular joint and thoracic costal joint.