

General

A Tennis Elbow, A First Presentation of Gout Disease

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Gout is a common disease, which affects more than 8 million of patients in the US alone. Typically, gout present as articular surfaces are well described in literature. However, the extra articular manifestations are being increasingly reported in the last few years. The extra-articular manifestations of gout disease can present in several ways, including tenosynovitis, and most commonly affecting the lower limb. Here in, the authors are going to present a rare case of recurrent tennis elbow episodes. The only clinical explanation of this novel presentation was presence of high serum uric acid levels.

INTRODUCTION

Gout is known to cause progressive joint destruction. Furthermore, the litturer stated that some ethnic groups are particularly susceptible more to have gout than others, depending on the genetic basis predisposition.

The clinical diagnosis is usually straightforward when patients present with typical signs and symptoms. On the other hand, atypical cases represent not only a clinical challenge, but also they often delay in diagnosis. Here in we are presenting a case of a 42 years old -previously- healthy female, who had a positive family history of gout. She was presented on different occasions in the last two years with the same recurrent attacks of tennis elbow symptoms. The only applicable explanation of these episodes was the presence of high levels of serum uric acid. The uric acid level is 8.1 mg/dl.

CASE PRESENTATION

A 42-year-old female patient, who used to work in the medical field, firstly presented 2 years ago with first attack of tennis elbow in her life. She was prescribed -as the guidelines we follow- a NSAID, compression and -ice, compression and elevation-(ICE) method. The symptoms had improved after a couple of weeks. Six months later she was presented with another attack of tennis elbow symptoms. In this point of time, the uric acid serum levels were checked and found to be elevated. As a follow through of

the logical medical thinking we asked the patient about the different causes of elevated uric acid, she denied any medication consumption, any kidney function changes, nor any recent history of sport activities or trauma.

DISCUSSION

The relationship between hyperuricemia and tendinitis is highly underestimated. Inspite of that many studies found that monosodium urate monohydrate crystals, it directly interact with tenocytes to reduce cell viability and function. This has a role in the change of the physical quality of the tendon, particularly at the point of insertion.

The tendon involvement in the lower limbs of gouty patients is frequent, particularly in the patellar tendon. Furthermore, the extra-articular manifestations of gout can present in several ways, including tenosynovitis, and easily be mistaken for a sports-related injury.

According to the practice guidelines used in Jordan, in addition to the diet rich in red meat and animal organs, the awareness among the primary care physicians about the link of hyperuricemia and various types of tendinitis is of paramount importance, especially, in similar cases where symptoms are not explained clinically by risk factors.

To conclude up, the diagnosis of hyperuricemia and gout should be suspected in patients with tendinitis, especially in areas of high prevalence of gout, when there is no obvious risk factor in the history, or in cases of multiple attacks of tendinitis.

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