Large Gout Tophus of Thumb Mimicking Giant Cell Tumor of the Tendon Sheath

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Introduction:
Gout is a chronic inflammatory disease characterized with recurrent onsets of inflammatory attacks and elevated serum uric acid levels. Inflammation generally causes painful, warm, red, and swollen joints, especially at the first metatarsophalangeal joint. Untreated cases lead to destruction of the joint surfaces and formation of tophi. Gout tophi can mimic soft tissue and bone neoplasms. Also can it could coexist with malignant tumors.

Case:
50-year-old male patient presented with a large mass at his thumb. Range of the motion was limited at the interphalangeal joint. He had no pain, local warmth and redness. The mass had slowly enlarged within several months. He denied any other symptoms. Serum uric acid level was normal. Plain radiography revealed an radio-opaque, cloud-shaped lesion surrounding the interphalangeal joint. The initial clinical and radiological findings lead us to the giant cell tumor of tendon sheath. We performed fine needle biopsy. The pathologic diagnosis revealed gout tophus, surprisingly. Debulking surgery was performed. No complications were seen postoperatively and patient regained full range of motion at postoperative first month. He was also satisfied with the improved cosmesis.

Discussion:
Conventional treatment for the gout consists of treating the acute flare, preventing the flares with proper medication and dietary precautions, lowering excess stores of urate to prevent the flares and tissue deposition of urate crystals. Large tophi are often resistant to medication. Surgical debulking is generally preferred when the tophi causes joint limitation, skin breakdown with risk of infection and compression of neurovascular structures. Our patient had no history of inflammatory flares, renal stones or other classical gout findings, as well as the laboratory findings. In other words, this was a true case of gouty tophus mimicking a soft-tissue neoplasm.

Conclucion:
Fine needle aspiration biopsy is rarely performed for tophi because of the typical presentation and well known clinical findings. Along with the compression related symptoms such as joint limitation and neurovascular compromise, benign and malignant lesions may coexist with gout tophi, such as malignant fibrous histiocytoma and fibrosarcoma. We encourage to perform fine needle aspiration biopsy for differential diagnosis. In our case, debulking surgery significantly improved joint function and cosmetic appearance.

Keywords : gout, tophus, FNAB, tendon
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