

Thoracic Spinal Cord Compression By Tophaceous Gout Mimicking Epidural Abscess

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INTRODUCTION:

Gout is caused by deposition of monosodium urate crystals in joints, bone and soft tissue. Spinal involvement is a rare complication of gout. When patient presented with back pain and neurological symptoms, abscess and malignancy are more suspected than axial gout. We reported a case of patient with spinal cord compression due to spinal gout.

REPORT:

A 66 year-old gentleman with known gouty arthritis presented with history of back pain associated with progressively worsening bilateral lower limb weakness and numbness for 2 months duration. Symptoms worsen with presentation of acute urinary and bowel incontinence. He denied prolonged fever, history of trauma, constitutional symptoms. Clinically, neurological physical examination showed decreased motor and sensation T7 and downwards. MRI thoracic done showed circumferential disc bulge T7/T8 and T8/T9 with spinal canal narrowing with AP diameter 0.6cm. Oval elongated lesion appears isointense on T1, slight hyperintense on T2 and peripheral enhancement post-contrast left anterolateral epidural space from T7 to T9 measuring 0.6x 0.9cm (AP x W) x 3.2 cm (CC) may represent inflamed herniated disc, soft tissue inflammation or epidural collection. The lesion/collection cause spinal canal stenosis and cord compression measuring 0.5cm in narrowest diameter. Fluid and enhancement in left T8/T9 facet joint. He was initially treated as Pyogenic Spondylodiscitis. A decompressive laminectomy T7–T9 with posterior instrumentation T6–T10 was performed. Intra-operatively no pus collection seen. Inflamed dura with tophaceous material surrounding tissue and facet joint.

Figure 1: MRI Thoracic T2

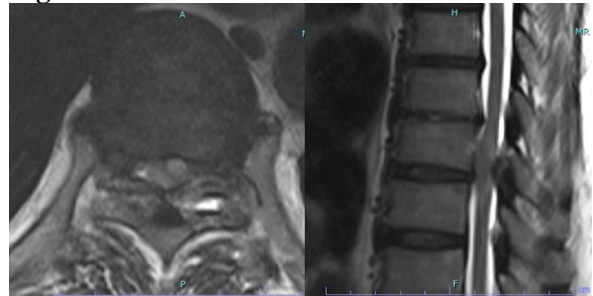
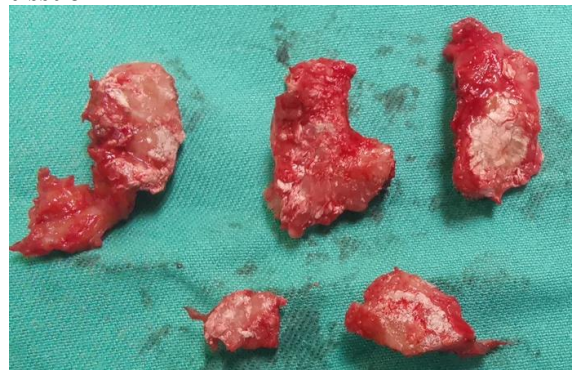


Figure 2: Tophaceous materials on excised tissue



Tissue was sent for HPE for confirmation diagnosis. HPE interpreted as degenerative disease with tophi. Result for culture and AFB stain were negative. Serum uric acid was 595umol/l.

CONCLUSION:

Patient with known case of gouty arthritis. Spinal gout should be considered as one of differentials in patient with spinal cord compression despite its rarity.

REFERENCES:

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