Acute gouty Achilles tendonitis

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To the editor,

Gouty attack is usually an acute illness that causes painful problem to the patients. It is a metabolic disorder that causes acute inflammation¹. The most common site of inflammation is at toe and finger¹. However, it sometimes occur at other parts of the body. The acute gouty Achilles tendonitis is uncommon¹,². Here, the authors present a case of acute gouty Achilles tendonitis.

The patient is a 40 years' old male patient complaining of acute pain at his left Achilles tendon for one day. He got abrupt pain in the past evening. He gave no history of stress exercise or excessive walking. The patient was firstly managed as a local tendinitis. The anti-inflammation drug, diclofenac is prescribed. After the first visit, in this case, the patient had a dinner including asparagus and omelet. He felt sharp pain at his left Achilles tendon in half an hour of that meal. He revisited the physician. At this time, there was a red swelling tender nodule at his left Achilles tendon. He cannot walk but stand. The hyperuricemia was detected. This case was treated as acute gouty attack and slab was used. The patient got fully recovery without any complication within 3 days.

The present case is a good example of acute gouty attack at an uncommon site. This can result in delayed diagnosis and management. In fact, the problem of gout can be seen at many rare parts of body including spine and Achilles tendon¹,³. In fact, acute gouty attack is a common metabolic disorder that can result in acute pain syndrome. The patient can have a serious pain and cannot bare it. As noted, the common site of attack is toe or knee. However, the present case report is a good example of an uncommon presentation that can be easily missed. Achilles tendon inflammation due to gout should be kept in mind in management of any patients with acute painful Achilles tendon. Since it can be easily missed to be an injured and anti-gout regimen can be delayed, the recognition and concern is very important.

Conflict of interest statement

The authors report no conflict of interest.

References