Disappearance of a Gouty Nodule after Hemodialysis Initiation

Suzuki T1,2*, Murasawa M1, Shibagaki Y2 and Kawarazaki H1

1Department of Nephrology and Hypertension, Inagi Municipal Hospital, Tokyo, Japan
2Division of Nephrology and Hypertension, Department of Internal Medicine, St. Marianna University School of Medicine, Kanagawa, Japan

*Corresponding author: Suzuki T, M.D., PhD, Division of Nephrology and Hypertension, Department of Internal Medicine, St. Marianna University School of Medicine, 216-8511, 2-16-1, Sugao, Miyamae-Ku, Kawasaki, Kanagawa, Japan, Fax/Tel: +81-44-977-8111, E-mail: t2suzuki@marianna-u.ac.jp


Case Study

A 51-year-old Japanese male received hemodialysis to chronic kidney disease (CKD) due to nephrosclerosis and gout. When he was 47-year-old, he was visited to our hospital for gouty attack. Laboratory tests showed serum creatinine level to be 3-4 mg/dl while serum uric acid level fluctuated (9-15 mg/dl). A prominent gouty nodule of the thumb joint appeared (Figure 1). In addition, uric acid crystals were found in his synovial fluid. Therefore, we started him on a treatment regimen of losartan, febuxostat, allopurinol, and benz bromarone. However, he still had frequently recurring gout attacks. His condition gradually progressed to CKD and hemodialysis was eventually started approximately 3 years ago. After hemodialysis initiation, his pre-dialysis serum uric acid level was slightly elevated (7-8 mg/dl). Subsequently, his gout attacks stopped. Furthermore, surprisingly, his gouty nodule disappeared 1 year after hemodialysis initiation (Figure 2). We suggest that gouty nodule is treatable.

Keywords: Gouty Nodule; Hemodialysis

Figure 1: Gouty nodule before initiation of hemodialysis
Secondary prevention of stroke with recommendation for carotid endarterectomy for internal carotid artery stenosis (ICA)

Figure 2: Disappearance of gouty nodule after initiation of hemodialysis