Clinical Reminders

Lucent lesions of the spine—a case of spinal gout

Chronic tophaceous gout is a common metabolic disorder in older people, and although spinal involvement is rare, it can mimic other disease processes [1]. Spinal gout can present with back pain, lytic vertebral lesions or neurological compromise.

An 82-year-old man was admitted with a 15-kg weight loss and 3 months of increasing back pain. He had multiple gouty tophi on both hands. Radiology demonstrated lucent spinal lesions which were initially thought to represent multiple myeloma or metastases. Tissue diagnosis confirmed spinal gout.

Tophaceous gout of the spine remains rare yet can mimic metastatic and infective spinal lesions. It is therefore an important differential diagnosis in patients presenting with back pain and where imaging has identified lytic lesions of the spine. Early diagnosis is important as aggressive medical management of gout can reduce morbidity and reduce the likelihood of spinal surgery [2].

Key points

- Lytic lesions in patients with spinal pain are not always sinister. Consider gout.
- Tophaceous gout of the spine remains rare yet can mimic metastatic and infective spinal lesions.

Acquired haemophilia in a newly diagnosed elderly diabetic

Acquired haemophilia is characterised by the development of autoantibodies to clotting factors usually against factor VIII [1]. The following case reminds us to be aware of its presentation in the elderly population [2].

A 75-year-old female was admitted with spontaneous bruising in the left leg and foot and a large subcutaneous haemorrhage in the left arm over a 3-week period (Figure 1). Investigations showed mild anaemia with a haemoglobin of 10.6 g/L, raised fasting blood sugar and a mildly raised partial thromboplastin time (PTT) of 44 s. Mixing clotting studies showed a failure to correct with progressive prolongation of the PTT over time, and factor VIII levels were decreased to 13% (normal >60%) with a factor VIII inhibitor titre of 8 Bethesda units.

She was diagnosed with acquired haemophilia secondary to antibodies to factor VIII and type 2 diabetes mellitus. Her acquired haemophilia was successfully treated with prednisolone and cyclophosphamide.

Conflicts of interest

None of the authors mentioned in the present article has any conflicting interests related to the case.

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Figure 1. Large subcutaneous haemorrhage in the upper limb.


doi: 10.1093/ageing/afq087
Published electronically 15 July 2010