Clinical Vignette

Cystic swelling of the acromioclavicular joint: an unusual complication of gout

A 79-year-old man with a history of type2 diabetes, congestive cardiac failure and a prior history of gout was admitted with acute-onset pain and swelling affecting his left wrist, elbow and shoulder. Examination revealed acute synovitis of the wrist and elbow and a tender soft tissue swelling overlying the acromio-clavicular (AC) joint, but no visible tophi. Investigations revealed an elevated uric acid at 690 μmol/l, creatinine was 128 μmol/l and CRP 293 mg/dl. An X-ray (Fig. 1) revealed a radio-opaque cystic swelling surrounding the left AC joint, with spiculation of the lateral border of the clavicle. A total of 5 ml of chalky fluid was aspirated from the AC joint, the microscopy of which revealed abundant uric acid crystals. The patient was treated with colchicine 500 μg twice daily, and prednisolone 10 mg, and the AC joint was injected with 20 mg of depomedrone, providing complete relief of his symptoms.

Gout affecting the shoulder and the AC joint in particular is exceedingly uncommon, and to our knowledge a cystic swelling of this joint visible on plain radiography has not been previously reported. Spiny outgrowths, termed ‘porcupine shoulder’ have been reported previously [1], but are more typical of erosive damage in the feet.

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