Protected by copyright, including for uses related to text and data mining, Al training, and similar technologies

OPEN ACCESS

Nasal tophi

Xinxin Han , Yun Zhang

Handling editor Josef S Smolen

Department of Family Medicine & Division of General Internal Medicine, Peking Union Medical College Hospital, Chinese Academy of Medical Science & Peking Union Medical College, Beijing, People's Republic of China

Correspondence to Dr Yun Zhang; zhangyun10806@pumch.cn

Received 7 November 2023 Accepted 30 November 2023 Published Online First 12 December 2023

A 39-year-old man presented at our hospital due to recurrent swelling, redness and pain in his nasal area over the past 2 years. He felt that the dorsal hump of his nose had been progressively growing (figure 1)(A: frontal; B: half side; C: side). Physical examination revealed significant nasal swelling, erythema and tenderness on palpation, but no earlobe pain or swelling. His general condition was good with no underlying hypertension or diabetes mellitus. His only known comorbidity was gout, which was diagnosed 19 years ago. The patient was on urate-lowering therapy with febuxostat since the diagnosis. He intermittently tested his serum uric acid level, usually around 500 µmol/L. He had no family history of tumours or immune disease.

A comprehensive evaluation was undertaken. Laboratory analysis detected a blood uric acid level of 614 µmol/L. Dual-energy CT scans identified monosodium urate (MSU) crystal deposits within the nasal region (D: frontal; E: half side; F: side). Subsequent puncture confirmed the presence of MSU crystals under the microscope. No bacterial or fungal infection was found in the puncture. The patient exhibited gouty tophi in the nasal region. Following a 3-month course of anti-inflammatory treatment and urate-lowering therapy, the patient's nasal pain improved, and the swelling gradually subsided. Nasal tophi, an exceedingly rare manifestation of gout, can mimic neoplasms or vasculitis and warrants careful differentiation. 1 Recurrent inflammation of the nasal dorsum needs to be distinguished from nasal chondritis in relapsing polychondritis, which lacks specific diagnostic tests, making the diagnosis more challenging.² When the diagnosis is difficult, puncture can be performed to exclude infections, tumours and other diseases. This case serves to enhance clinical awareness.

Acknowledgements We are very grateful to Dr Liu Wei from the Radiology Department for assisting in completing the dual-energy CT examination.

Contributors XH—design, acquisition and interpretation of the work, drafting of the work and approval of the final version. YZ—interpretation of the work, revision and approval of the final

Funding This study is supported by the National High-Level Hospital Clinical Research Funding (2022-PUMCH-B-044) and Beijing Municipal Key Clinical Specialty Project.

Competing interests None declared.

Patient consent for publication Consent obtained directly from

Ethics approval Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

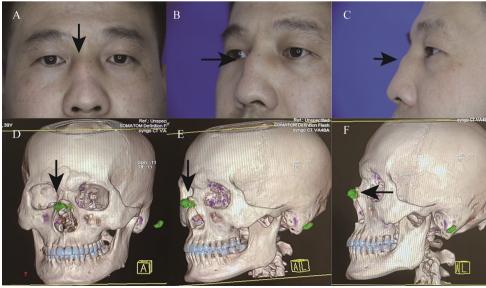
Open access This is an open access article distributed in accordance with the Creative Commons Attribution 4.0 Unported (CC BY 4.0) license, which permits others to copy, redistribute, remix, transform and build upon this work for any purpose, provided the original work is properly cited, a link to the licence is given, and indication of whether changes were made. See: https:// creativecommons.org/licenses/by/4.0/.

ORCID iDs

Xinxin Han http://orcid.org/0000-0002-9321-8935 Yun Zhang http://orcid.org/0000-0002-6373-0647

REFERENCES

- 1 Sriranganathan MK, Vinik O, Bombardier C, et al. Interventions for Tophi in gout. Cochrane Database Syst Rev 2014:CD010069.
- 2 Borgia F, Giuffrida R, Guarneri F, et al. Relapsing polychondritis: an updated review. Biomedicines 2018;6:84.



Published by BMJ on behalf of

To cite: Han X, Zhang Y. Ann Rheum Dis 2024;83:957.

@ Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY.

FULAR.

BMJ

Nasal tophi (A: frontal; B: half side; C: side). Dual-energy CT scans identified monosodium urate crystal deposits within the nasal region (D: frontal; E: half side; F: side).

Check for updates