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Case study of a patient with gouty nephropathy treated with immunosorbent therapy

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Background and Aims: Gouty nephropathy is a kidney disease caused by chronic hyperuricemia, in which uric acid crystals are deposited in the kidneys leading to tubular and glomerular damage, which in turn affects kidney function.

Patient: female, 68 years old, 7 years ago, no obvious cause of the first toe joint of the right foot, the right ankle joint redness, swelling and pain, the local skin temperature increases, serious limitation of activities, had checked the high uric acid (specific unknown), diagnosed as “gout”, simple treatment after the symptoms are relieved, but did not have systematic treatment, and gradually appeared in the left foot, the first toe joint, the left ankle joint, double knee joint redness, swelling and pain, oral pain medication treatment, pain disappears after still no systematic treatment. After that, redness, swelling and pain appeared gradually in the first toe joint of the left foot, left ankle joint and both knee joints, and the pain disappeared without systematic treatment after taking pain-relieving medicines. He was admitted to our hospital as an outpatient with the diagnosis of “gout”.

Method: Immunosorbent therapy was given once/day on days 1-3, along with Jinshuibao and urotoxin clearing granules. Immunosorbent therapy was given again three times on the 8th-10th day of admission.

Results: Before admission, uric acid: 899.3 μmol/L; creatinine: 586.1 μmol/L, both seriously out of the normal range. 3 days later, uric acid: 770.4 μmol/L, creatinine: 468.7 μmol/L. At the time of discharge, serum uric acid: 298.5 μmol/L and creatinine: 182.6 μmol/L were detected and restored to the normal range.

Conclusion: The case demonstrated the presence of gout with arthritic symptoms, vascular damage, anemia, and hepatic and renal impairment. The patient’s gout progressively worsened due to prolonged absence of systemic treatment. After admission, the levels of uric acid and creatinine were effectively controlled and restored by immunosorbent therapy. This indicates that immunosorbent therapy plays a positive role in removing uric acid from the body and improving renal function. Meanwhile, the management and control of gout was further strengthened by combining the comprehensive treatment with Jinshuibao and uremic acid granules.

Figure 1: Abdominal and urinary ultrasound findings: echogenic enhancement of the renal collecting system of both kidneys.
**Figure 2:** Ultrasound findings of the musculoskeletal joints of both knees, ankles and metatarsophalangeal joints: the cartilage portion of both knees and ankles is characterized by the “double track sign”.

**Figure 3:** Nail fold microcirculation findings: uneven thickness of vascular input and output branches, slowed blood flow, and flat papillae.