CASE REPORT

Cauda Equina Syndrome Secondary to Tophaceous Gout of the Spine

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ABSTRACT

This report describes a case of cauda equina syndrome due to rupture of gouty tophus from the L3-4 facet joints into the epidural space, which caused marked epidural inflammation and compression. The patient also had carcinoma of the prostate with multiple spinal metastases. The clinical details of the symptoms, investigations, which included computed tomography and myelography, and the results of operative treatment are presented. A Medline search of the literature for the past 50 years yielded only 11 other reported cases of tophaceous gout involving the facet joints of the spine. This particular case illustrates the difficulties in making the diagnosis in the presence of concomitant spinal metastases.

Key Words: Cauda equina, Gout, Polyradiculopathy, Spinal cord compression, Zygapophyseal joint

INTRODUCTION

Gout is a common condition that results from the deposition of monosodium urate crystals. Patients with long-standing gout or a massive total body urate load may develop tophaceous gout. Tophus may develop adjacent to joints and in soft tissue structures such as the skin or the bursa.

Tophaceous gout in the axial skeleton is rare, but it may occur at any spinal level and cause myelopathy, radiculopathy, spinal osseous destruction, or cauda equina syndrome. This report describes a patient with tophaceous gout of the facet joints of the lumbar spine, which caused cauda equina syndrome.

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