TREATMENT OF SEVERE GOUTY ARTHRITIS WITH ETANERCEPT

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Background: Present evidence suggests that gout and hyperuricemia are associated with a number of serious and potentially life-threatening problems, including hypertension, renal disease, and coronary artery disease. Accordingly, more and better treatment options are needed for patients with gout and hyperuricemia.
Objectives: We report 2 cases of patients with a history of gouty arthritis extending over several years refractory to conventional treatment and who received treatment with anti TNFα, etanercept.
Methods:
Case 1: 50 year old man, with gouty arthritis 20 years ago, with polyarthritis (hands, feet, knees) and great tophi in knees, ankles, elbows, hands, forearms and legs. He presents persistent pain and inflammation without control of symptoms and with disability. He has hypertension non controlled with losartan and metoprolol.
Laboratory tests showed a raised white blood cell count (WBC) of 10,400 /l; an erythrocyte sedimentation rate (ESR) 22 mm/ h, C reactive protein (CRP) 7,08 mg/l / (NV: 0-5), serum uric acid 10.8 mgrs/dl. Transaminases were normal. Chest radiograph were normal. Rheumatoid factor negative. Cholesterol 202 triglyceride 390 mgrs/dl HDL 38 mgr/dl, glycemia 105, proteinuria 244mgr/24 h, PPD 0 mm.
He presents complications: ulcerations of tophi in feet with sobreinfection in 2007, management with antibiotic several weeks.
Despite exhaustive treatment with colchicina , allopurinol, gemfibrozil, losartan, metoprolol, NSAIDs, and opioids, the arthritis attacks did not improve. In August of 2008, Etanercept 50 mgrs/w was begun with improvement of the symptoms in 8 weeks.
At present, he has not presented inflammation, improvement of pain and work activities of the daily life and he has not presented infections. Laboratory tests are normal except serum uric acid 8,9 mgrs / dl.
Case 2: 63 years old patient, who has a clinical history more tan 12 years with gout, wich have a difficult treatment because adverse events to conventional treatment and poor response to another drugs with severe polyarthralgias and functional impairment.
In 2006 patient had severe pancreatitis following to colchicine use, also he developed disseminated erythrodermia secondary to allopurinol.
Clinical history of polycythemia vera in treatment with hydroxiurea 500mg bid, also dislipidemia, portal hypertension and sleep disorder. He uses ASA 100mg a day, furosemide 40mg per day. Use tobacco during 28 years, alcohol consumption twice a week during 40 years.
Laboratory tests: WBC 11.330, serum acid uric 10.8 mgrs , cholesterol 232 mgrs /dl, HDL 30, triglyceride 282 mgrs /dl, Creatinine 1,26 mgrs / dl, PPD 0 mm, Creatinine Clearances 68 ml/min, Chest radiograph were normal.
It was initiated etanercept in October 2008, with improvement of symptoms at 8 weeks, and, the present laboratories show wbc 5300, ESR 20mm y CRP 0, Creatinine 1.23mgrs /dl, serum acid uric 10.6 mgrs / dl.
Conclusions: We describe 2 cases of severe, recurrent tophaceous gouty arthritis refractory to conventional treatment in patients who were subsequently treated successfully with Etanercept. Further studies are necessary to establish the role of the therapy with anti TNF in refractory severe gout. These were individuals who, despit