

# The Great Mimicker: Atypical Gout Presentation From Thyroid Cartilage

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## Introduction

Tophaceous gout refers to deposits of monosodium urate crystals that can accumulate in various parts of the body, commonly at metatarsalphalangeal joints, and in this case, the thyroid cartilage. The treatment for tophaceous gout in thyroid cartilage typically involves managing the underlying gout condition through medication, diet, and lifestyle changes. In severe cases, surgical removal of the tophi may be necessary.

**Method:** We report a case of symptomatic gouty tophi in the neck region as suspected

## Results:

50 year old gentleman with underlying chronic tophaceous gout for more than 10 years, not under proper follow up, presented with one week history of increasing neck swelling, shortness of breath, dysphagia, change of voice and unable to tolerate solid food. Ultrasound neck reveals intralesion calcifications with erosions of thyroid cartilage.

Preoperative contrast enhanced CT neck and thorax was done which showed gouty tophi at thyroid cartilages and erosions at sternoclavicular joints and c3/c4 facet joints. Incision and drainage was performed and mass removed confirmed to be consistent with gouty tophi. At the same time 20cc of pus fluid was drained intraoperatively. Fluid was examined under polarised microscope which revealed negative birefringent monosodium urate crystals. Following procedure, patient was started on urate lower therapy and colchicine and was well upon discharge.

## Imaging and findings



## Conclusion

Gouty tophi can present in various form and in various places. Thyroid cartilage is an unusual place of presentation. Prompt evaluation of gouty tophi is needed in cases with chronic gout history and suspicious swelling in the head and neck region. This is to facilitate early initiation of adequate urate lowering therapy or surgical intervention to improve outcome and to prevent recurrence.