

ARTICULAR SYNDROME IN PATIENTS WITH GOUTY ARTHRITIS: A RETROSPECTIVE ANALYSIS

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Abstract:

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One of the most common chronic inflammatory diseases of the joints is gouty arthritis. This is a systemic disease that develops due to inflammation in organs and tissues at the sites of deposition of sodium monourate crystals in the form of tofus in people with hyperuricemia due to environmental and genetic factors. Currently, there is a tendency to increase the incidence of gout by more than 2 times and account for about 12% of patients in rheumatological hospitals. Gradually, the destruction of the articular cartilage complex occurs, and cavities are formed in the bones that are adjacent to the joint. In these cavities crystals of sodium monourate are formed. At the same time, uric acid is deposited in the tissue that surrounds the affected joint and under the skin above it.

The purpose of the study was to evaluate the nature of the articular syndrome in patients with gouty arthritis.

Materials and methods. The material of the study was the case history of patients from the 2nd clinic of the Tashkent Medical Academy, hospitalized for gouty arthritis during 2014-2022. A retrospective analysis of the anamnestic data of 386 patients was carried out.

The medical histories obtained for the analysis were divided into two groups, taking into account the gender of the patients. The first group (I) consisted of 349 (90.4%) male patients and the second group (II) – 37 (9.6%) female patients.

Results. As a result of a retrospective analysis of case histories, the longest existence of gout was revealed - 10 years or more in 178 patients (46%), 5-6 years in 119 patients (31%) and up to a year in 89 patients (23%), which characterizes the need in inpatient treatment of patients with a longer history of gout.

The age of patients ranged from 34 to 68 years. It should be noted that the period of incidence of gouty arthritis in the first group is between 34-50 and 50-68 years old (36.9%) and (24.8%), and in the second group the population aged 34-50 and 50-68 years old (43.4 % and 23.8%) was typical. This, in turn, shows that the relatively high frequency of gouty arthritis among men is consistent with the latest data reflected in research studies and epidemiological studies on gouty arthritis.

During the document analysis, when studying the lifestyle of the patients, it was noted that 115 (33.6%) patients in the first group and 4 (8.4%) patients in the second group lead an active lifestyle, and hypodynamia is observed in more patients in the second group than in the first group. However, according to the results, a logical analysis denies the correlation between the development of gouty arthritis and the lifestyle of the population.

Based on the analysis of the anamnesis, the average period between the first symptoms and the diagnosis was 1-4 months. During this period, they turned to different specialists for the first time. In particular, specialists such as urologist, gynecologist, gastroenterologist, therapist, general practitioner, ophthalmologist, rheumatologist were seen.

Joint syndrome was observed in all patients. Arthralgia was noted in all patients of both groups when joint syndrome was analyzed. 223 (64%) and 4 (11%) patients in the first group were diagnosed with acute arthritis. Swelling of the joints was observed in the first and second groups in patients with arthralgia 283 (81.1%) and 19 (51.3%), respectively. The number of deforming systems was 2.5 times higher in group I than group II. There were 248 (71.2%) first group patients and 18 (48.4%) second group patients. In group I, 14 (3.85%) patients had monoarthritis, 51 (14.5%) patients had oligoarthritis, 6 (1.9%) patients had polyarthritis, 38 (11.25%) patients had sacroiliitis, 42 (12, Spondyloarthritis was detected in 9%) patients and dactylitis in 34 (1.6%) patients. In group II, 4 (10.05%) patients had monoarthritis, 7 (19.04%) patients had oligoarthritis, 1 (4.23%) patients had polyarthritis, 4 (13.7%) patients had sacroiliitis.

Multiple tophi were observed more often in the first group, ranging in size from 0.7 to 4 cm in the area of the joints. The course of the disease in group I patients was a pronounced activity of protracted arthritis in the form of relapse, and in relatively young patients of both groups, attacks of acute arthritis of the metatarsophalangeal joint, interphalangeal joints of the hands, and ankle joints were observed.

Conclusions. Thus, when diagnosing gouty arthritis, it is necessary to pay attention to the duration of the disease and joint damage, since these data affect further tactics and the development of early complications of gout.

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