

28. GOUT IN WOMEN

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Introduction. The incidence of gout has doubled in women over the past 20 years, according to the Rochester Epidemiological Project. Given the important role of estrogen in serum uric acid concentrations as well as the substantial difference in the incidence of gout between the sexes and probably in uric acid metabolism.

Case presentation. The patient CM, 65 years old, was hospitalised in the Nephrology Department IMSP SCR "Timofei Moşneaga" accusing: low back pain, bilateral, permanent arthralgias in the joints of the lower limbs, accentuated at the knees, permanent pain, increasing in intensity to physical exertion; morning stiffness; precordial pain, constrictive type; mild dyspnea on exertion; marked asthenia; fatigue; dizziness. Precordial drugs twice a month. He went to the Institute of Cardiology, the diagnosis of rheumatic valvulopathy was established: mitral regurgitation. Hypertension, grade III, very high additional risk. Severe bradycardia, FCC 30-35 b/m, in 2009 the patient was implanted with electrocardiostimulator. After the age of 50, arthralgias in the knee joints intensified. In 2010, the diagnosis was established: Secondary gout, mixed variant, chronic evolution. Left kidney nephrosclerosis. Right renal artery stenosis. In 2019, clinical diagnosis was established: Secondary gout, mixed variant, chronic gout, with damage to the joints of the lower limbs, in association with osteoarthritis, polyosteoarthritis, bilateral gonarthrosis, st.R.II-III. Mixed osteoporosis. Chronic bilateral pyelonephritis, recurrent evolution, incomplete remission. Uric nephropathy. Left kidney nephrosclerosis. Right renal artery stenosis. Additional right renal artery. BCR IV. Mixed grade II anemia. Rheumatic valvulopathy: wide mitral stenosis of the mitral valve. V Mtr. Insufficiency VAo. gr.II. Insufficiency VTr gr.II. Calcined gr.IV in the cusps VAo gr.II. Moderate pulmonary hypertension (50mmHg). FE 63%. Hypertension gr.II-III, very high additional risk. ICC II-III (NYHA). Chronic hepatitis of viral etiology. Mixed chronic discirculatory encephalopathy grade II-III.

Discussion. The main impediment in the diagnosis of gout in women, however, is the rarity of this disease in females. In the postmenopausal period, most patients have a non-specific clinical picture, there is no classic acute access to gout, which is why it is required to make a differential diagnosis with a series of diseases starting in the postmenopausal period.

Conclusion. We wanted to highlight once again the increased incidence of gout in the postmenopausal period, especially in women with earlier onset of menopause as in the case of our patient. The patient chronically uses diuretics, which still causes hyperuricemia.