**Postsurgery Gout Attack Risk Factors Identified**

**BY DENISE NAPOLI  Assistant Editor**

The risk for a postsurgical gout flare is greatest in patients with high presurgical serum urate levels, patients who’ve had cancer surgery, and in those who did not receive presurgical colchicine, according to a study.

Dr. Eun Bong Lee of the Seoul (South Korea) National University and colleagues looked at 67 patients who had a postsurgical gout attack and 67 who did not. All had prior histories of gout (Ann. Rheum. Dis. 2007 Nov 12 [Epub doi:10.1136/ard.2007.078683]).

In an interview, Dr. Lee said “the postsurgical gout attacks developed in 14 days after the surgery,” although the mean in this study was 4 days.

Lower extremity joints were affected in 65 of the 67 patients (97%) with a postsurgical gout flare. The most common site was the first metatarsophalangeal (MTP) joint (42 patients, or 63%). The ankle was the second most commonly affected joint (21 patients, or 31%), followed by the knee (15 patients, or 22%). In all, 14 patients had an additional lower-extremity joint affected. Upper extremity involvement occurred in only nine patients.

Overall, about half (33%) of patients had only one affected joint; 22 patients had two; 8 patients had three; and only 2 patients each had four or five.

In multivariate analysis, the authors reported that cancer surgery was performed on 66% of gout attack patients versus 34% of controls, a significant difference. “Cancers, especially hematologic malignancies, are known to cause hyperuricemia and gout because of high rates of cellular turnover,” wrote the investigators.

Presurgical serum uric acid levels greater than or equal to 9 mg/dL were also significantly correlated with an attack. Tumor necrosis factor (TNF) and interleukin-1 are the most important gout risk factors, and “the risk of attack increased in proportion to presurgical uric acid levels,” the added.

In an interview, Dr. Kenneth Saag, director of the center for education and research on therapeutics of musculoskeletal disorders at the University of Alabama at Birmingham, who was not affiliated with the study, said “assessing a gout patient’s presurgical urate levels isn’t common practice, and shouldn’t be. “Knowing the serum urate is only partially related to the likelihood of postsurgical gout. The level of serum urate is not something that can be managed in the perioperative period, anyway.”

A lack of colchicine prophylaxis before surgery was also tied to a significant risk of attack. But Dr. Saag, urged caution. “Some patients have kidney dysfunction, and colchicine is not an unequivocally safe medicine.”

“[Postsurgical gout attacks] can prolong the hospital stay. Surgeons aren’t particularly eager to send patients home after surgery if they can’t walk or are in severe pain. Sometimes gout can cause fevers which can be confused with postoperative infection,” said Dr. Saag. On the other hand, the treatments for gout can compromise healing. Sometimes, if a steroid like prednisone is used to manage gout, that may impair wound healing,” Dr. Lee said.

Dr. Saag’s team had no financial disclosures in relation to this study.

Diacerein is safe and effective for reducing osteoarthritic-associated pain, and its effects persisted for at least 3 months after attack. Thus, “the risk of attack increased in proportion to presurgical uric acid levels,” the added.

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