Des nouvelles des cristaux

SRO

28 septembre 2013

Plouider

Pascal GUGGENBUHL

Arthritis Care & Research
Vol. 65, No. 9, September 2013, pp 1432–1440
DOI 10.1002/acr.21999

ORIGINAL ARTICLE

Serum Urate Levels and Consumption of Common Beverages and Alcohol Among Chinese in Singapore

GIM GEE TENG,[1] CHUEN SENG TAN,[2] AMELIA SANTOSA,[1] KENNETH G. SAAG,[3] JIAN-MIN YUAN,[4] AND WOON-PUAY KOH[5]

Table 1. General and biochemical characteristics of the study subjects*

	Overall (n = 483)	Normouricemia (n = 312)	Hyperuricemia (n = 171)	*P*†
Age at specimen collection, mean ± SD years	57.6 ± 7.9	56.6 ± 7.6	59.5 ± 8.1	< 0.001
Body mass index, mean ± SD kg/m^2	22.9 ± 3.0	22.5 ± 3.1	23.6 ± 2.8	< 0.001
Sex				< 0.001
Men	214 (44.3)	102 (32.7)	112 (65.5)	
Women	269 (55.7)	210 (67.3)	59 (34.5)	
History of hypertension	119 (24.6)	67 (21.5)	52 (30.4)	0.036
History of diabetes mellitus	46 (9.5)	31 (9.9)	15 (8.8)	0.747
Cigarette smoking				< 0.001
Never	350 (72.5)	240 (76.9)	110 (64.3)	
Former	57 (11.8)	24 (7.7)	33 (19.3)	
Current	76 (15.7)	48 (15.4)	28 (16.4)	
Weekly moderate activity				0.56
None	359 (74.3)	234 (75.0)	125 (73.1)	
0.5–3 hours/week	74 (15.3)	44 (14.1)	30 (17.5)	
≥4 hours/week	50 (10.4)	34 (10.9)	16 (9.4)	
Education				0.777
No formal education	128 (26.5)	86 (27.6)	42 (24.6)	
Primary school only	200 (41.4)	127 (40.7)	73 (42.7)	
Secondary school and above	155 (32.1)	99 (31.7)	56 (32.7)	
Dairy product intake, mean ± SD gm/day	76.7 ± 110.9	83.9 ± 116.6	63.7 ± 98.7	0.045
Red meat intake, mean ± SD gm/day	30.0 ± 25.5	30.4 ± 26.9	29.3 ± 22.7	0.632
Fish intake, mean ± SD gm/day	56.2 ± 29.1	56.2 ± 29.4	56.2 ± 28.7	0.994
Serum creatinine, geometric mean (95% CI) μmoles/liter	64.0 (62.3–65.8)	58.1 (56.7–59.6)	76.4 (72.5–80.5)	< 0.001
Plasma triglycerides, geometric mean (95% CI) mmoles/liter	1.6 (1.6–1.7)	1.5 (1.4–1.6)	2.0 (1.9–2.2)	< 0.001
Plasma cholesterol, geometric mean (95% CI) mmoles/liter	5.6 (5.5–5.7)	5.6 (5.4–5.7)	5.7 (5.5–5.9)	0.221
HbA_{1c}, geometric mean (95% CI) %	6.2 (6.1–6.3)	6.2 (6.0–6.3)	6.2 (6.0–6.3)	0.781

Table 3. Associations between alcohol and beverage consumption and hyperuricemia*

	Normouricemia (n = 312), no.	Hyperuricemia (n = 171), no.	Model 1, OR (95% CI)†	Model 2, OR (95% CI)‡
Alcoholic beverages				
Alcohol				
Nondrinkers	265	132	1.00	1.00
Monthly drinkers	20	15	1.53 (0.60–3.88)	1.48 (0.59–3.76)
Weekly drinkers	22	14	1.00 (0.42–2.37)	0.96 (0.41–2.29)
Daily drinkers	5	10	4.55 (1.07–19.32)	4.83 (1.10–21.23)
P for trend			0.075	0.069
Beer				
Nondrinkers	278	140	1.00	1.00
Monthly drinkers	16	8	0.85 (0.28–2.59)	0.76 (0.25–2.32)
Weekly drinkers	14	13	1.22 (0.47–3.15)	1.23 (0.48–3.15)
Daily drinkers	4	10	5.13 (1.15–22.96)	5.63 (1.21–26.24)
P for trend			0.029	0.022
Hard liquor				
Nondrinkers	287	154	1.00	1.00
Monthly drinkers	11	9	1.51 (0.43–5.27)	1.47 (0.43–5.10)
Weekly drinkers	12	6	0.92 (0.27–3.15)	0.87 (0.26–2.99)
Daily drinkers	2	2	4.65 (0.25–87.33)	5.10 (0.25–102.61)
P for trend			0.371	0.353
Nonalcoholic beverages				
Green tea				
Nondrinkers	193	99	1.00	1.00
Monthly drinkers	33	13	0.91 (0.39–2.09)	0.84 (0.36–1.98)
Weekly drinkers	55	29	1.18 (0.64–2.17)	1.15 (0.62–2.14)
Daily drinkers	31	30	2.18 (1.06–4.45)	2.12 (1.03–4.36)
P for trend			0.03	0.033
Black tea				
Nondrinkers	198	103	1.00	1.00
Monthly drinkers	28	14	0.72 (0.31–1.69)	0.68 (0.28–1.67)
Weekly drinkers	50	35	1.40 (0.76–2.58)	1.27 (0.68–2.37)
Daily drinkers	36	19	0.60 (0.27–1.33)	0.56 (0.25–1.27)
P for trend			0.514	0.400
Coffee				
Nondrinkers	54	30	1.00	1.00
Monthly drinkers	6	4	0.45 (0.06–3.32)	0.45 (0.06–3.49)
Weekly drinkers	32	23	1.32 (0.56–3.13)	1.23 (0.52–2.94)
Daily drinkers	220	114	0.94 (0.51–1.76)	0.93 (0.49–1.76)
P for trend			0.522	0.584
Fruit juice				
Nondrinkers	218	119	1.00	1.00
Monthly drinkers	54	29	1.32 (0.70–2.48)	1.27 (0.67–2.42)
Weekly drinkers	33	17	1.08 (0.49–2.38)	1.06 (0.47–2.37)
Daily drinkers	7	6	1.71 (0.43–6.86)	1.38 (0.34–5.57)
P for trend			0.520	0.726
Soda				
Nondrinkers	250	130	1.00	1.00
Monthly drinkers	27	15	1.33 (0.58–3.05)	1.33 (0.57–3.12)
Weekly drinkers	30	21	1.47 (0.68–3.14)	1.48 (0.68–3.22)
Daily drinkers	5	5	1.64 (0.32–8.24)	1.51 (0.30–7.72)
P for trend			0.534	0.596

* OR = odds ratio; 95% CI = 95% confidence interval.
† Model 1 was adjusted for the following confounders: cholesterol, creatinine, glycosylated hemoglobin, triglycerides, age, sex, body mass index, education, cigarette smoking status, physical activity status, hypertension at baseline, dairy products (gm/day), red meat (gm/day), and fish (gm/day).
‡ Model 2 was adjusted for the confounders mentioned in model 1 as well as for alcohol and other beverages.

CLINICAL RESEARCH STUDY

THE AMERICAN JOURNAL of MEDICINE®

Increased Risk of Recurrent Gout Attacks with Hospitalization

Maureen Dubreuil, MD,[a] Tuhina Neogi, MD, PhD,[a,b] Clara A. Chen, MHS,[c] Hyon K. Choi, MD, PhD,[a,b] Christine E. Chaisson, MPH,[c] David J. Hunter, MBBS, MSc, PhD,[d] Yuqing Zhang, ScD[b]

[a]Section of Rheumatology, Department of Medicine, Boston Medical Center, Boston, Mass; [b]Boston University Clinical Epidemiology Research and Training Unit, the Department of Medicine at Boston Medical Center, Boston, Mass; [c]The Data Coordinating Center, Boston University School of Public Health, Boston, Mass; [d]Department of Rheumatology, University of Sydney, New South Wales, Australia.

The American Journal of Medicine (2013)

Table 1 Characteristics of 724 Participants in the Internet-based Case-crossover Study of Gout

Characteristics	N = 724
Sex (n, %)	
Men	568 (78.4)
Age, y (median, range)	54 (21-88)
Education (n, %)	
Less than high school graduate	14 (1.9)
High school graduate	66 (9.1)
Some college/technical school	223 (30.8)
College graduate	175 (24.2)
Some professional/graduate school	78 (10.8)
Completed professional or graduate school	168 (23.2)
Household income (n, %)	
<$25,000	58 (8.0)
$25,000-$49,999	141 (19.5)
$50,000-$74,999	133 (18.4)
$75,000-$99,999	106 (14.6)
>$100,000	186 (25.7)
Refused to answer	100 (13.8)
Race (n, %)	
Black	20 (2.8)
White	642 (88.7)
Other	53 (7.3)
Refused to answer	9 (1.2)
BMI (kg/m^2, median, range)	30.6 (14.7-69.9)
Years of disease duration (median, range)	5 (0-51)
Allopurinol users* (n, %)	337 (46.7)
Nonsteroidal anti-inflammatory drug users* (n, %)	461 (63.7)
Colchicine users* (n, %)	214 (29.6)
Diuretic users* (n, %)	209 (28.9)
Alcohol drinkers* (n, %)	474 (51.0)

BMI = body mass index.
*During hazard or control periods.

Appendix Table 1 Primary Reason for Hospitalization During 2-day Period Before Gout Attack or Control Period

Primary Reason for Hospitalization	Total N (%)
Surgery	9 (28.1%)
Musculoskeletal conditions	5 (15.6%)
Abdominal	3 (9.4%)
Cancer	1 (3.1%)
Infections	8 (25.0%)
Cellulitis/superficial	2 (6.3%)
Gastrointestinal	2 (6.3%)
Unknown site	4 (12.5%)
Cardiovascular	7 (21.2%)
Arrhythmia	2 (6.3%)
Myocardial infarction	1 (3.1%)
Stroke	1 (3.1%)
Syncope	1 (3.1%)
Ischemic colitis	1 (3.1%)
Deep venous thrombosis	1 (3.1%)
Other*	5 (15.6%)
Not indicated	4 (12.5%)

*Other reasons included nephrolithiasis, vertigo, pneumothorax, and pain not otherwise specified.

Table 2 Risk of Recurrent Gout Attacks with Hospitalization and Medication Use in the Prior 2 Days

Overall Sample

Hospitalization in Prior 2 days	Control Periods (N)	Hazard Periods (N)	Adjusted OR* (95% CI)
No	1935	1410	1.00 (Referent)
Yes	10	23	4.05 (1.78-9.19)

According to Gout-Related Medication Use

Hospitalization in Prior 2 days	Anti-Gout Medication Use in Prior 2 days†	Control Periods (N)	Hazard Periods (N)	Adjuste0d OR* (95% CI)
No	No	904	710	1.00 (referent)
	Yes	1031	700	0.79 (0.64-0.97)
Yes	No	7	17	4.52 (1.71-11.86)
	Yes	3	6	3.03 (0.65-14.21)

CI = confidence interval; OR = odds ratio.
*Adjusted for alcohol consumption, purine intake, and use of diuretics.
†Including nonsteroidal anti-inflammatory drugs, colchicine, and allopurinol, combined.

Revue du rhumatisme 80 (2013) 257–261

Disponible en ligne sur
SciVerse ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com

Article original

Efficacité de l'anakinra dans les arthrites induites par les cristaux de pyrophosphate de calcium : étude retrospective de 16 cas☆

Sébastien Ottaviani[a], Lauren Brunier[a], Jean Sibilia[c], François Maurier[d], Marc Ardizzone[e], Daniel Wendling[f], Ghislaine Gill[a], Emmanuel Palazzo[a], Olivier Meyer[a], Philippe Dieudé[a,*,b]

Tableau 1
Caractéristiques à l'inclusion des patients ayant une arthrite induite par des cristaux de PPC.

Patient	Âge (ans)	Genre	Comorbidités	Motif du traitement par anakinra	Durée de la poussée actuelle (jours)	Localisation des signes	NAD	NAG	EVA douleur (mm)	CRP (mg/L)
1	91	M	AO, PAC, IR	Faible réponse à la colchicine et CI aux corticoïdes et AINS	5	Rachis cervical, épaules, coudes, poignets, MCPs	8	7	91	180
2	84	F	IR	Faible réponse aux corticoïdes et colchicine	14	Épaules, poignets, chevilles	6	5	72	71
3	85	F	HTA, IR, DS	Faible réponse aux corticoïdes et AINS	10	Épaules, coudes, poignets, genoux, chevilles, tarse	8	7	73	30
4	73	M	IR, PAC	Faible réponse aux corticoïdes, colchicine et AINS	15	Épaules, coudes, poignets, MCPs, genoux	12	11	70	80
5	76	F	HTA	Faible réponse aux corticoïdes et AINS	10	Épaules, coudes, genoux, chevilles	8	7	84	136
6	87	F	AO, HTA, IR	Faible réponse aux corticoïdes	14	Épaules, poignets, tarse	6	5	75	165
7	59	F	IR	Faible réponse à la colchicines et AINS	7	Rachis cervical, épaules, poignets, genoux, chevilles, tarse	9	5	90	125
8	91	F	HTA, PAC	Faible réponse aux AINS	10	Rachis cervical, épaules, poignets, genoux, chevilles	8	8	91	225
9	97	F	HTA, PAC, IR	Faible réponse aux corticoïdes	5	Rachis cervical, épaules, coudes, poignets, genoux	8	8	69	100
10	92	M	AO, PAC	Faible réponse aux corticoïdes	28	Poignets, MCP	2	4	52	47
11	72	M	AO, FDA, PAC, HTA, DS, IR	CI aux corticoïdes, colchicine et AINS	7	Rachis cervical, épaules, coudes, poignets, genoux, chevilles	5	5	80	109
12	87	F	Ulcère gastrique, FDA, PAC, HTA, DS, IR	CI aux corticoïdes, colchicine AINS	4	Rachis cervical, épaules, coudes, poignets, genoux, chevilles	4	5	85	88
13	71	F	HTA, DS	Faible réponse aux corticoïdes, colchicine et AINS	NA	Tarse	2	NA	65	NA
14	75	F	HTA, FDA, PAC, IR	Faible réponse aux corticoïdes et colchicine	NA	Coudes, poignets, genoux, chevilles	5	5	NA	72
15	58	F	IR	Faible réponse aux corticoïdes, colchicine et AINS	NA	Poignets, genoux, chevilles	7	2	70	15
16	82	F	AO, FDA, PAC, IR	Faible réponse aux corticoïdes et CI aux AINS	NA	Poignets, MCP, genoux, chevilles, tarse	8	NA	95	42

AO : anticoagulants oraux ; HTA : hypertension artérielle ; PAC pathologie artérielle coronarienne ; IR : insuffisance rénale ; AINS : anti-inflammatoires non stéroïdiens ; FDA : faibles doses d'aspirine ; DS : diabète sucré ; NA : non applicable ; CI : contre-indication ; MCP : articulations métacarpophalangiennes; PPC : pyrophosphate calcium.

Tableau 2
Évolution des 16 patients étudiés et leur réponse au traitement.

Patient	Protocole anakinra	Réponse	NAD	NAG	EVA douleur (mm)	CRP (mg/L)	Temps jusqu'à la prochaine poussée après anakinra (mois)	Suivi (mois)
1	100 mg/j s.c. pendant 3 jours	Bonne	3	3	40	22	Pas de rechute	12
2	100 mg/j s.c. pendant 3 jours	Partielle	2	2	30	17	2	18
3	100 mg/j s.c. pendant 3 jours	Bonne	3	2	30	5	Pas de rechute	10
4	100 mg/j s.c. pendant 3 jours	Bonne	2	2	20	11	2	20
5	100 mg/j s.c. pendant 3 jours	Bonne	2	2	30	21	Pas de rechute	12
6	100 mg/j s.c. pendant 3 jours	Partielle	NA	NA	25	21	Pas de rechute	9
7	100 mg/j s.c. pendant 3 jours	Bonne	1	1	30	25	Pas de rechute	6
8	100 mg/j s.c. pendant 3 jours	Bonne	2	1	20	22	Pas de rechute	1
9	100 mg/j s.c. pendant 3 jours	Bonne	2	2	20	18	0,5	1
10	100 mg/j s.c. pendant 3 jours	Pas de réponse	2	3	35	40	Pas de rechute	8
11	100 mg/j s.c. pendant 3 jours	Bonne	2	2	30	14	Pas de rechute	1
12	100 mg/j s.c. pendant 3 jours	Partielle	1	1	35	42	Pas de rechute	1
13	100 mg/j s.c. pendant 7 jours	Pas de réponse	NA	NA	80	NA	Pas de rechute	0,5
14	100 mg/j s.c. pendant 1 mois	Partielle	2	2	NA	NA	0,5	2
15	100 mg/j s.c. pendant 6 mois	Bonne	NA	NA	NA	NA	12	24
16	100 mg/j s.c. pendant 8 jours	Bonne	NA	NA	40	5	NA	6

RHEUMATOLOGY

Rheumatology 2013;52:1225–1232
doi:10.1093/rheumatology/ket013
Advance Access publication 18 February 2013

Concise report

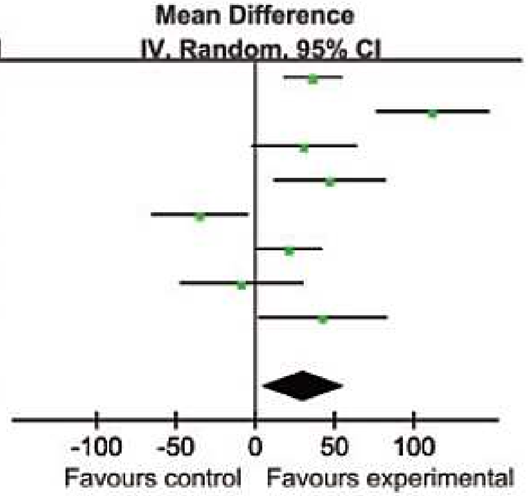
Acupuncture for gouty arthritis: a concise report of a systematic and meta-analysis approach

Won Bock Lee[1], Seok Hyeon Woo[2], Byung-Il Min[3] and Seung-Hun Cho[4]

- Points SP6 et ST36
- Séances de 20-30 minutes
- Manuellement ou électriquement
- Comparaison aux traitements « conventionnels » de la crise et de l ’hyperuricémie

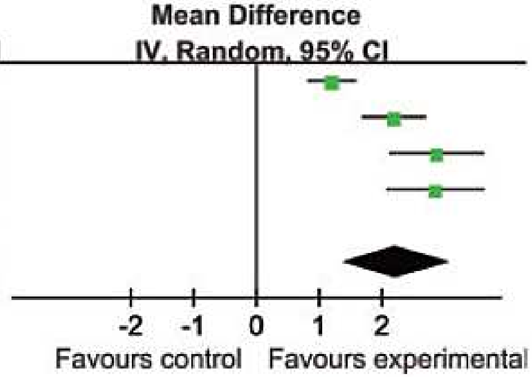
Study or Subgroup	Experimental Mean	Experimental SD	Experimental Total	Control Mean	Control SD	Control Total	Weight	Mean Difference IV, Random, 95% CI
Liu B et al 2008	162.86	46.47	56	126.5	47.47	44	14.3%	36.36 [17.79, 54.93]
Ma X 2004	149.11	59.99	42	37.21	85.73	30	12.0%	111.90 [76.26, 147.54]
Xie JY et al 2007	88.66	64.18	30	57.8	67.32	30	12.3%	30.86 [-2.42, 64.14]
Xie XQ 2009	223.08	61	30	176	77.54	30	12.0%	47.08 [11.78, 82.38]
Yin Y et al 2005	189.06	54.58	30	224.03	65.99	30	12.7%	-34.97 [-65.61, -4.33]
Zhou L 2011	88.3	63.41	80	66.9	69.1	80	14.1%	21.40 [0.85, 41.95]
Zou R et al 2006	128.25	70.49	30	136.88	83	30	11.5%	-8.63 [-47.60, 30.34]
Zou R et al 2007	119.26	95.08	30	76.76	62.95	30	11.2%	42.50 [1.70, 83.30]
Total (95% CI)			**328**			**304**	**100.0%**	**30.37 [4.28, 56.47]**

Heterogeneity: $Tau^2 = 1150.70$; $Chi^2 = 43.67$, $df = 7$ ($P < 0.00001$); $I^2 = 84\%$
Test for overall effect: $Z = 2.28$ ($P = 0.02$)



Study or Subgroup	Experimental Mean	Experimental SD	Experimental Total	Control Mean	Control SD	Control Total	Weight	Mean Difference IV, Random, 95% CI
Liu B et al 2008	2.54	0.97	56	1.34	1	44	27.2%	1.20 [0.81, 1.59]
Zhou L 2011	6.46	1.6	80	4.27	1.7	80	26.1%	2.19 [1.68, 2.70]
Zou R et al 2006	6.57	1.51	30	3.7	1.46	30	23.5%	2.87 [2.12, 3.62]
Zou R et al 2007	6.56	1.55	30	3.71	1.52	30	23.2%	2.85 [2.07, 3.63]
Total (95% CI)			**196**			**184**	**100.0%**	**2.23 [1.39, 3.08]**

Heterogeneity: $Tau^2 = 0.64$; $Chi^2 = 25.76$, $df = 3$ ($P < 0.0001$); $I^2 = 88\%$
Test for overall effect: $Z = 5.19$ ($P < 0.00001$)



(**A**) Effect of acupuncture therapy on uric acid. (**B**) Effect of acupuncture therapy on VAS.

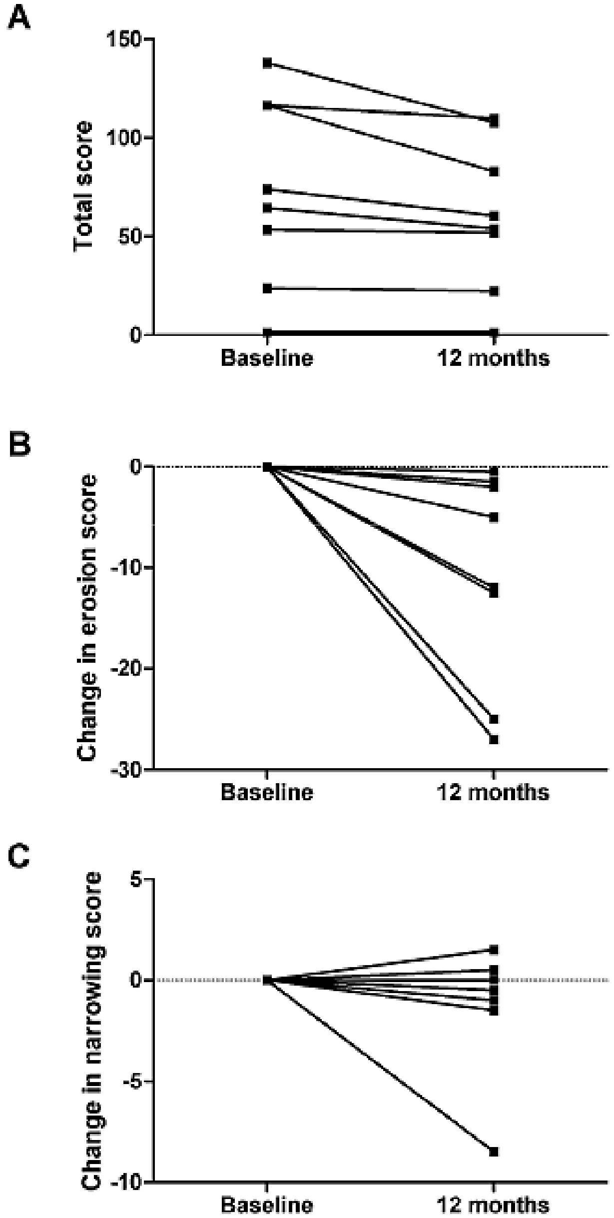
Exploratory Study of Radiographic Change in Patients with Tophaceous Gout
Treated with Intensive Urate-Lowering Therapy

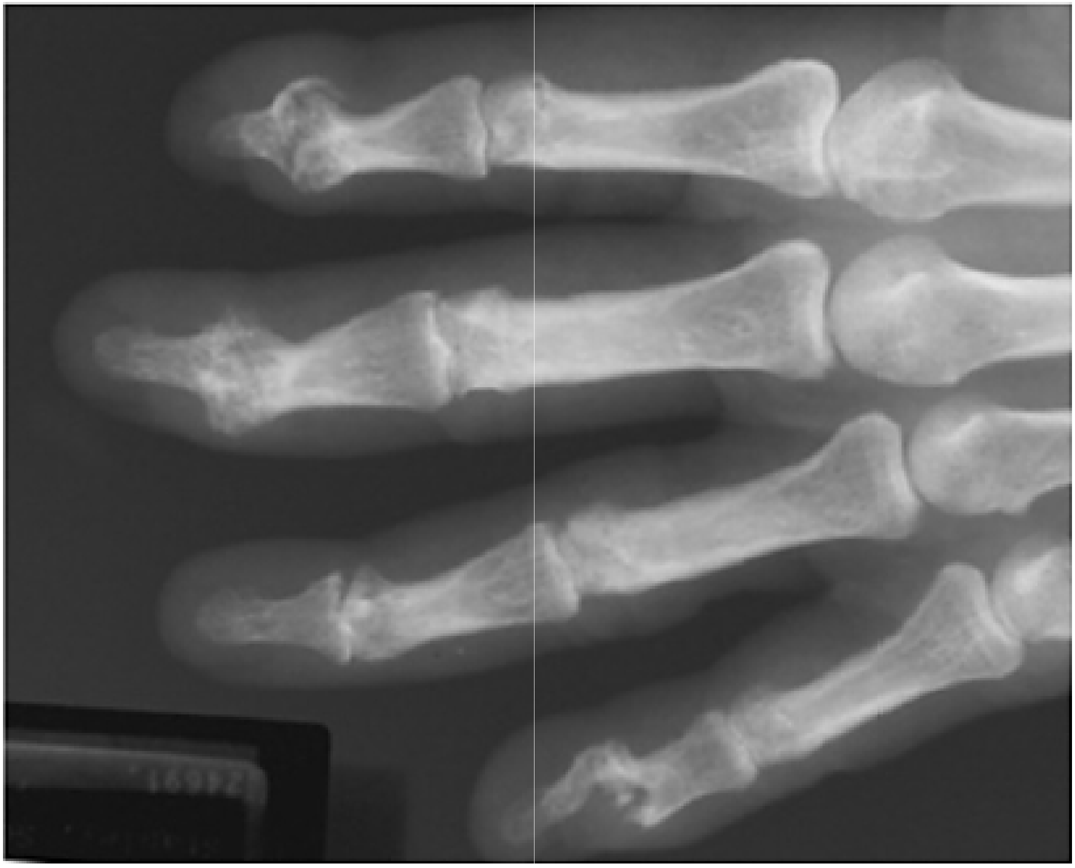
Nicola Dalbeth. Arthritis Care & Research 2013 DOI 10.1002/acr.22059

8 patients traités 12 à 24mois
Diminution profonde de l'uricémie (< 10 mg/l)

Clinical feature	
Age, years	68 (47-81)
Male sex, n (%)	6 (75%)
Ethnicity, n (%)	
Caucasian	4 (50%)
African American	4 (50%)
Subcutaneous tophi present on physical examination at baseline, n (%)	8 (100%)
Serum urate >8mg/dL at baseline	8 (100%)

Modified Sharp-van der Heijde method, validated for gout






R

Journal of Plastic, Reconstructive & Aesthetic Surgery (2013) **66**, 1131—1137

ELSEVIER

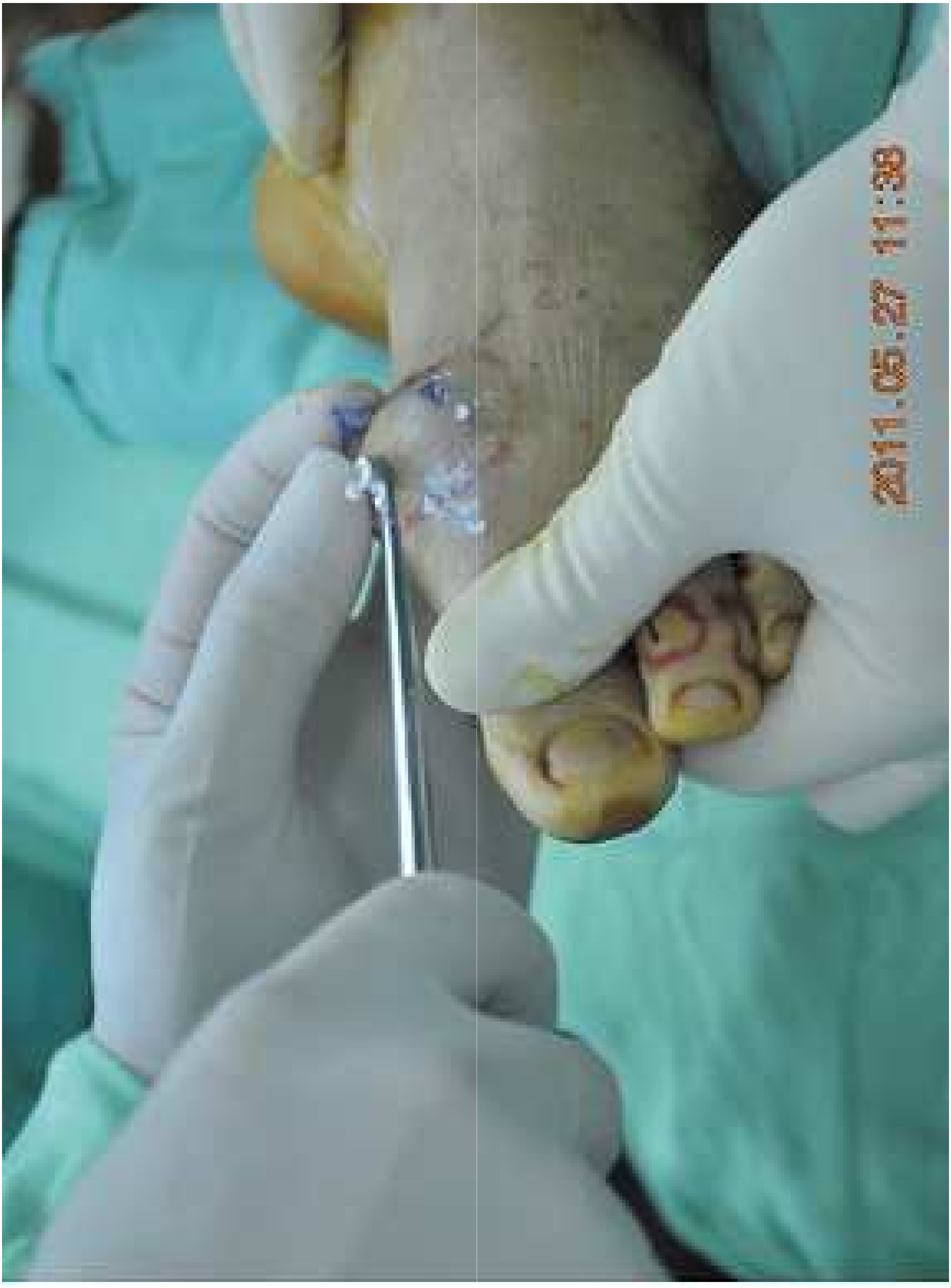
JPRAS
An International Journal of
Surgical Reconstruction
www.JPRASurg.com

Timing of intra-lesion shaving for surgical treatment of chronic tophus

CrossMark

Su-Shin Lee [a,b], Meng-Chum Chen [c], Yun-Hui Chou [c],
Sin-Daw Lin [a,b], Chung-Sheng Lai [a,b], Ying-Cheng Chen [d,*]

Reported indications	Functional/Mechanical problems[22] • For wearing shoes or gloves[17,20,21] • Interference with movement[17] • Prevent further destruction of bone joints and soft tissues[7,10–12,17,20,21] • Minimise the danger of breakdown and necrosis of skin[17,20] Symptomatic[22] • Pain[8,10,17,18,20] • Decompress nerve[17] • Discharging sinus[8,10–12,17,18,20,21] Cosmetic restoration[22] • Correct finger or toe deformity[17] • Improve cosmesis[8,10,12,21,22] Metabolic[22] • Lessen total amount of urate[7,8,11,12,17,18,20]
Reported drawbacks for conventional surgery on tophus	• Necrosis of the overlying skin[5,17] • Surgery is only palliative and not curative[8,11,12] • High complication rate[10] • Lower extremity surgery had a worse outcome compared to that in the upper extremity[10,12]


2011.05.27 11:39


Pre-operative
38 months
follow up


2004/9/11
2009/1/5
52 months

Table 3 Advantages of this refined shaving technique for tophus lesions.

Advantage	Explanations
1. Skin envelope circulation was preserved.	* Using small incisions for the powered shaver system.
2. Only two 5 mm skin incisions for each tophus lesion.	* We use 4 mm shaver tip.
3. About 15 min to deal with one tophus lesion.	* The shaver inner blade rotates at 3000 revolutions per minute.
4. 37 °C saline solution used for irrigation prevents the obstruction of shaver system.	*The solubility of urate has a two fold increase in solubility between 25 °C and 37 °C.
5. Blood loss was limited.	* We used tourniquet intra-operatively.
6. Operation before the lesions got infected.	* Shorter hospital stay. (CRP $\leq$5, P = 0.0002)
7. Operation sites selection (one arm + one leg group)	* Shorter hospital stay than two legs group (P = 0.00011)