

A Red Hot and Swollen Foot, Not Always a Charcot Arthropathy or Infection

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Many patients attend diabetic foot clinics with a red hot and swollen foot. The most common cause of this is infection or Charcot arthropathy. It is well documented that there is a high incidence of gout associated with diabetes. The misdiagnosis of this may have profound consequences. An 83 year old gentleman with type 2 diabetes was seen by a member of our multidisciplinary team having been admitted with ulcers to both feet. He recently had a left 1st ray amputation at a neighbouring hospital. The amputation site was non-healing and had developed an infection. He also had a hot and swollen right foot particularly round the 1st metatarso-phalangeal joint. There was a small sinus to his right foot. The gentleman was known to have gout and was on antigout drugs. He was subsequently seen in the multidisciplinary out-patient clinic. His left 1st ray amputation site was sloughy with gout tophi visible in the wound. His right foot was still red and swollen. An incision was placed over the 1st metatarso phalangeal joint in order to aid diagnosis. Copious quantity of liquid tophi was drained and was sent for microbiology and histology. This confirmed crystalline deposits in the joint. The joint unfortunately refilled, x rays confirmed marked 1st metatarso-phalangeal joint destruction again consistent with gout. This was surgically debrided as a day case procedure. Better joint alignment was noted following debridement and the wound healed uneventfully. **Discussion**The above case highlights the need to rule out causes other than infection or Charcot arthropathy in patients presenting with a hot swollen foot. . In an acute attack of gout there may be absence of radiological signs or indeed deposition of tophi. Often the blood urate levels are normal. Good history taking and patterns of attacks may aid diagnosis. In cases where chronic gout causes ulcerations surgical debridement may be required to both heal and prevent ulcers.