Pictorial CME

Olecrenon Bursitis in Normo Uricemic Crystal Disease

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A forty-six-year-old man presented with sudden onset painful swelling over left elbow for last 1 month. It responded poorly with rest, cold therapy, analgesic and trypsin, bromelain and rituside combination. Neither he suffered from any trauma nor did he suffer from any joint pain, morning stiffness, back pain, eye congestion, oral ulcer, and any bladder or bowel problem.

On examination there was a tender slightly erethematous swelling over left elbow consistent with olecranon bursitis. (Figs 1 & 2). There were no clinical tophi anywhere in his body. His Hb%, TC, Neutrophil, ESR, CRP, serum uric acid were 11.8, 10,800 72%, 46, nonreactive and 6.5 respectively. RF and HLA B27 were also negative. X ray of his left elbow was normal.

We aspirated the fluid and sent for routine study, crystal analysis, AFB and ADA. Interestingly the fluid showed uric acid crystal. We started him with etoricoxib (90mg), allopurinol (300 mg) and local infiltration of methylprednisolone 40 mg. He responded well with the regimen.



Fig 1 Erythematous Swelling on Left Elbow



Fig 2 Erythematous Swelling on Left Elbow

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