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Clinical and Prognostic Significance of Serum Uric Acid as a Marker Complicated Course of Gout on the Background Pathology of Digestive Tract

Introduction. According to statistics, gout — the most common cause of arthritis in men older than 30 years. At present, the disease is considered not only as clinicians recurrent monoarthritis, but as a systemic disease with severe visceral manifestations. It is therefore timely diagnosis of gout and its visceral manifestations, early and appropriate treatment of the main nosology and related pathologies has clinical and social importance for these patients.

The aim of our study was to investigate the features of primary gout against pathology of the gastrointestinal tract (GIT), depending on the level of serum uric acid (SUA).

Materials and methods. 25 patients with gout complicated by GIT pathology were examined. The investigation of patients included general clinical and laboratory methods (including assessment of articular syndrome, SUA level by uricase method), radiographic (joint X-ray). According to history, we detailed the duration of gout (first of all specific joint syndrome), frequency (last 12 months) and duration of exacerbations, the number of affected joints and tophi in the course of the disease and at the time of inspection. The intensity of pain joint syndrome evaluated on a ten visual analogue scale (VAS). Gastrointestinal pathology was diagnosed according to the criteria relevant diagnostic nosology.

Results. Patients had different clinical gout variants: asymptomatic hyperuricemia, intermittent gout, chronic gout. Tophi were found in 6 patients. SUA level varied in the range from 360 to 731 mmol/l. To investigate the influence of SUA on the course of gout and gastrointestinal pathology, patients were divided into 2 subgroups according to the degree of hyperuricemia: the first subgroup (12 patients) with hyperuricemia greater than 600 mmol/l, the second subgroup (13 people) with moderate hyperuricemia 360–600 mmol/l. The severity of the disease was caused by a large number of affected joints (minimum 3, maximum 10) and the number of inflamed joints at inspection (2 to 6), high frequency of exacerbations joint syndrome during the year (min — 2, max — 8 times a year), duration last exacerbation (4–10 days). Localization arthritis was the following: the first metatarsus-phalangeal joints, ankle, knee and elbow joints, small joints of hands. The painful articular syndrome patients assessed with VAS scale from 5 to 10 points.

Radiographic changes in affected joints were presented as following: the moderate local osteoporosis, vacuole-like bone defects with a rim of sclerosis; small erosion on the articular surfaces; consolidations and thickening of soft tissue, calcifications in soft tissues, signs of secondary osteoarthritis. These features correspond to the simultaneous existence of phenomena of degradation, degeneration and regeneration. The phenomena of osteoporosis were discovered in patients with chronic gout, while as erosive changes detected at high hyperuricemia and tophi gout.

Pathology of the digestive tract was presented by gastroesophageal reflux disease with esophagitis (24.0 %) and without esophagitis (32.0 %), gastritis and/or duodenitis (16.0 %) and chronic colitis (28.0 %). Erosive changes in the mucosa of the gastrointestinal tract were observed at high hyperuricemia and tophi gout (24.0 %).

Conclusion. At gout complicated by gastrointestinal disorders, there is a severe course of articular syndrome caused by a large number of affected joints and a high index of severity of gout. X-ray picture of the affected joints and endoscopic findings in the gastrointestinal tract characterized by changes, the severity of which depends on the degree of hyperuricemia. At high values of uric acid (> 600 mmol/l) there are erosive changes and phenomena of inflammatory erosive changes in the gastrointestinal tract mucosa.

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Application of Natural Factors for Prophylaxis and Treatment of Patients with Osteoarthritis with Low Bone Density

Introduction. Osteoarthritis (OA) — a chronic progressive disease of the joints, which revealed not only in losing of joint cartilage but also changes in bone tissue. Proved combination of influence of osteoarthritis and osteodeficiency on each other as the state of bone mass of the skeleton affects the clinical manifestations and reflects on course of osteoarthritis. Nevertheless there are some differences in the issues of etiology and pathogenesis of OA, there is no doubt about the perspectives of a comprehensive treatment of OA by finding medication and environmental factors that can influence the basic mechanisms of pathological process — a violation of bone and cartilage tissues. One of the most effective treatment methods of degenerative-dystrophic diseases of the musculoskeletal system is sulfide balneotherapy. The mechanism of therapeutic action of hydrogen sulfide treatment in OA is mediated by activation of protective and adaptive forces (primarily the immune and