A middle-aged hypertensive man with a drinking habit complained of auricular pain caused by friction from the helmet he wore. He had had repeated acute gout attacks in his knee and ankle joints for about 10 years. A physical examination revealed a right auricular nodule (Picture) and bilateral foot arthritis with monosodium urate crystals detected in the synovial fluid. While taking febuxostat, his serum level of uric acid (UA) was 10.9 mg/dL. Increasing the dose of febuxostat ameliorated the nodule by reducing the serum UA for five months. Since auricular nodules are involved in various disorders, including skin neoplasms, rheumatoid arthritis and sarcoidosis, a biopsy should be performed (1). Despite his refusing a biopsy, pinna tophus was diagnosed given that the nodule had developed on the antihelix and disappeared with urate reduction. Although clinical changes of pinna tophi are rarely observed (2), gout should be considered for patients presenting with auricular nodules.

The authors state that they have no Conflict of Interest (COI).

References