P-27 A case of 61-year-old woman with multiple episodes of pseudogout attack from early 30s associated with Gitelman syndrome

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Introduction

Calcium pyrophosphate crystal deposition (CPPD) disease, also known as pseudogout, is one of the most common diseases causing arthritis among elderly patients. However, CPPD disease is often underdiagnosed, especially in younger patients.

Case presentation

A 61-year-old woman was referred to our hospital from orthopedic clinic because of multiple episodes of arthritis and chondrocalcinosis in many joints. When she was 33 years old, she had swelling and pain in the sternoclavicular joint, which was relieved by some analgesic drugs. After that, she had similar symptoms in other limb joints once or twice every year. One week before she visited our department, she went to orthopedics because of left hallux's MTP joint pain. When she presented to our hospital, she had painful swelling in her both ankles. X-ray showed chondrocalcinosis in many joints including shoulders, knees, and ankles. Arthrocentesis revealed cloudy yellowish fluid with CPPD crystals, making diagnosis of CDDP disease. The laboratory data showed hypokalemia (3.6 mEq/l), hypomagnesemia (1.4 mg/dl) with inappropriate renal magnesium wasting (fraction excretion of magnesium 8.6%), normocalciumia (9.6 mg/dl) with hypocalciuria (calcium-creatinine ratio 0.06 mmol/mmol), normophosphatemia (3.5 mg/dl) and metabolic alkalosis. Taken together, a diagnosis of Gitelman syndrome (GS) was made and mutations (Ala388Asp, Leu858His) in the SLC12A3 gene was confirmed by genomic DNA analysis.

Discussion

Several metabolic disorders have been established for risk factors for CPPD disease, such as hemochromatosis, hyperparathyroidism or hypophosphatemia as well as hypomagnesemia. GS is a rare genetic disease, which is usually diagnosed during adolescence or adulthood. When we see patients with CPPD disease younger than middle age, screening for these diseases that predispose to CPPD disease is required.

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