

**Tophaceous Gout of Unilateral Laminas without Peripheral gouty Arthritis and Causing Brown-Sequard Syndrome- A Case Report and review of Literatures**

**Hao-Yu Chuang, Yen-Hung Pan, Yen-Tze Chu, Cheng-Hsing Cheng, Fang-Chun Wu, Ming-Shih Tsai, Shinn-Zong Lin**

**Division of Neurosurgery, China Medical University Bei-Gang Hospital**

**Division of Neurosurgery, Tainan Municipal An-Nan Hospital-China Medical University**

**頸椎椎板單側痛風石且無系統性痛風關節炎而造成 Brown-Sequa 症候群之案例報告及文獻回顧**

**郭政宏，莊皓宇，潘彥宏，朱彥澤，程正鑫，吳芳峻，蔡明世，林欣榮**

**中國醫藥大學北港附設醫院 神經外科，**

**中國醫藥大學附屬台南市立安南醫院 神經外科**

Gout is a common metabolic disorder. It affects the distal joints typically, especially the appendicular skeleton. Involvement of the axial skeleton, particularly the facet joints and posterior column of the cervical spine, is rare.

We report a case of tophaceous gout of Cervical Uni-lateral Laminas without systemic gouty arthritis, and clinically presented as Brown-Sequard Syndrome. This is a 71-year-old housewife with past history of hypertension and diabetes mellitus. She visited our hospital because of severe neck pain radiation to the right shoulder and arms for one more months. Physical examination showed numbness, pain and tenderness over the right shoulder and arm. Besides, pitting edema, muscle pain and spasm was also noticed of right arm. Unsteady gait presented. Weakness of left forearm and hand . Cervical spine MRI revealed bulging disc in C3-4,4-5,5-6,6-7, mass effect in spinal cord of C3-4,4-5,5-6 left side by ossification of lig flavum, multilevel cervical myelopathy in C3-4,4-5,5-6 left side, cord swelling on 102/07/05. So, multilevel cervical myelopathy in C3-4,4-5,5-6 impressed. She was admitted.

Operation for decompression performed. Gray-and white crystal appearance noticed. The contents invade to the left laminas of C3 to C6 continuously, causing erosion of the left medial facet joints of C3 to C6. Grossly, they are tan and hard. (decalcified). Microscopically, it shows a picture of pseudotumorous gouty tophi manifested as patchy lobuells of tophaceous needle-like material eliciting evident foreign body reaction involving the vertebral bone, ligamentous tissue, and adjacent soft tissue. No malignancy.

The symptoms of Brown-Sequard syndrome improved after surgical decompression.

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聯絡人: 莊皓宇

連絡住址: 台中市北區育德路2號神經外科

連絡電話: 04-22052121 # 5033, 5034

E-mail Address: greeberg1975@gmail.com