



CLINICAL MANIFESTATIONS OF GOUTY NEPHROPATHY

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Relevance: "Gouty nephropathy" is a term used to describe kidney changes in gout. Kidney damage is found in 30-75% of patients with gout. Studies have shown that uric acid has two direct effects on kidney function. Firstly, hyperuricemia leads to damage and inflammation of the endothelium of the renal tubules. Secondly, hyperuricemia leads to impaired hemodynamics in the renal glomeruli.

Purpose: to study the clinical manifestations of gouty nephropathy.

Materials and methods: The history of 48 patients who developed gouty nephropathy was studied. Among them there were 40 men and 8 women. The average age of the patients was 53,2 years. The complaints of the patients, anamnestic data, results of objective examination were studied.

Examination methods: in addition to general laboratory tests we analyzed the results of uric acid in blood and urine, urea in blood, creatinine, Rehberg and Zimnitsky tests, renal ultrasound and renography.

Results: One of the signs of gout was urolithiasis. In 24 patients (50%) there were tophi in the renal tubules and in 6 patients (12%) stones in the renal tubules. This is due to the accumulation of urates in the interstitial tissue of the kidney, which in turn leads to the development of interstitial nephritis. It is known that the symptoms of urate nephrolithiasis, i.e. urine pH, are associated with an increased risk of stone formation, years of gouty arthritis, irritating renal colic, often complicated by pyelonephritis, often associated with obesity and arterial hypertension. The incidence of chronic kidney disease has been found in many studies. In the studied patients, i.e. men, urate nephrolithiasis was detected 10 times more often than in women: this condition was detected in 3 women and 20 men. Risk factors included grade II-III obesity in 20 sick men and 3 women, as well as arterial hypertension in 70% (34) and coronary heart disease in 35% (17). Functional classes II-III of stable angina were associated with the basic disease.

In the general analysis of urine in all patients, a decrease in the relative density of urine, microhematuria, proteinuria, uric acid crystals was revealed, and in the biochemical blood test, hyperuricemia, azotemia. Ultrasound of the kidneys and radioisotope renography revealed renal failure in 62% (30 patients). Thirteen patients (25%) developed chronic kidney disease.



Conclusions: For early diagnosis of gouty nephropathy, it is necessary to determine the amount of uric acid in the blood and renal excretion, ultrasound of the kidneys, urinary tract, CT of the kidneys, MRI. Renal excretion of uric acid (with daily urine) is recommended for patients with hereditary gout, a history of urolithiasis up to 25 years.

