An Overview on Anatomical Pathology of Gout

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Description

Inflammatory arthritis is commonly caused by gout. Gout affects 3.9 percent of the adult population in the United States. The major pathophysiological cause of the condition is Mono Sodium Urate (MSU) crystal deposition. Asymptomatic hyperuricemia, intermittent bouts (flares) of acute arthritis, intercritical gout, and advanced gout, which is defined clinically by tophi, chronic gouty arthritis, and joint destruction in certain people, are typical of the clinical course of gout. The classic clinical presentation of gout is an acute onset of acutely painful monoarthritis, generally affecting the lower leg and most commonly the first metatarsophalangeal joint.

The acute flare's severity generally peaks within 24 hours and subsides over 7–14 days. Concerns regarding other diseases, such as septic arthritis, may demand a histological evaluation of the afflicted tissue in the setting of acute inflammatory monoarthritis. Furthermore, while the symptom acute T
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