

中文題目：急性痛風之早期介入高尿酸血症治療

英文題目：Early intervention of hyperuricemia in the treatment of acute gouty arthritis

作者：楊登和^{1,2,3}，陳相成^{2,3}，魏正宗^{4,5}

服務單位：¹國軍臺中總醫院風濕免疫科；²三軍總醫院風濕免疫科；³國防醫學院醫學系；⁴中山醫學大學附設醫院風濕免疫科；⁵中山醫學大學醫學研究所

Background: Gouty arthritis (GA) is a chronic systemic disease with recurrent acute attack of monoarthritis. Higher incidences of acute flares were observed during the course of initial dramatic decreasing circulating urate from previous study. Our study was focused on the evaluation of the effect of early administration of probenecid in the patients with acute flares of GA.

Methods: This study included 40 patients with acute attack of GA for receiving adequate drug medication. Among these patients, they were divided randomly into 2 groups: 20 patients received two drugs medication (colchicine 0.5 mg twice daily), 20 patients received three drug medication (probenecid 500 mg and colchicine 0.5 mg twice daily). We evaluated the severity and duration of GA related pain for two weeks after initial therapy. Circulating levels of uric acid, CBC, creatinine, ALT, and C-reactive protein (CRP) were also evaluated.

Results: Quick decreasing circulating uric acid levels was found in the patient group with medication of probenecid and colchicine when compared with the patient group with colchicine on Day 8 (-1.77 ± 2.04 vs 1.24 ± 2.09 , $P < 0.0001$). However, the mean decreasing VAS was no different from these two groups (-5.20 ± 3.09 vs -3.63 ± 2.38 , $P = 0.079$).

Conclusion: Lowering serum uric acid level by probenecid with combination of colchicine was suggested initially. There was no significant increasing frequency of acute gout flare among the patients with aggressive control of hyperuricemia by probenecid. Colchicine had the protective prophylaxis for acute flares of GA.