HYPERURICEMIA, POSITIVE RHEUMATOID FACTOR AND POSITIVE ANA: A RAE COMBINATION IN ONE PATIENT

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ABSTRACT

Joint pain is a common clinical problem seen in general practice. There are several conditions that are related to joint pain. In clinical practice, some laboratory investigations are used for diagnosis and managment of the patient with joint pain. The examples of those laboratory investigations are serum uric acid, rheumatoid factor and ANA. Here, the author presents a patient with a rare combination of Hyperuricemia, positive rheumatoid factor and positive ANA.

Keywords: Hyperuricemia, positive, rheumatoid factor, ANA

INTRODUCTION

Joint pain is a common clinical problem seen in general practice. There are several conditions that are related to joint pain 1 – 4. In clinical practice, some laboratory investigations are used for diagnosis and managment of the patient with joint pain. The examples of those laboratory investigations are serum uric acid, rheumatoid factor and ANA.

In general, the patient with joint problem might have a positive laboratory investigation to one of the three mentioned common laboratory investigations. Here, the author presents a patient with a rare combination of hyperuricemia, positive rheumatoid factor and positive ANA.

CASE REPORT

The present case report is a 55 years old male patient presented to the physician with a chief complaint of joint pain for 2 months. He gave the history of chronic persistent pain in several joints without other symptoms. The patient has a personal illness of hypertension and controlled by oral enalapril medication at dosage 10 m6 per day. On physical examination, there is no specific sign of inflammation at any joint.
The physician in charge performed a laboratory investigation to find out the possible cause of the patient’s joint problem. In this patient, blood uric acid, rheumatoid factoid and ANA were tested. The laboratory results showed a high blood uric acid (8.2 mg/dL), positive rheumatoid factor (28 IU/mL) and positive ANA. The patient was referred to the rheumatologist for proper management but the patient had lost follow-up without visit to the rheumatologist.

**DISCUSSION**

In clinical rheumatology, an orderly approach to history taking, examination, and ordering appropriate investigations when caring for a case with joint problem is necessary. A good history taking and physical examination is important for help rheumatologist diagnose the problem of the patient. In addition, the laboratory investigation is usually a basic diagnostic tool to get the final diagnosis of the patient with joint problem. In the present case, the patient visited to the physician with the problem of joint pain. A chronic symmetric polyarthritis is the main characteristic of joint problem in the present case. At the present visit, there is no inflammatory sign. Nevertheless, the physician in charge requested for standard laboratory investigations for help diagnose the patient presenting with joint pain.

The laboratory investigations include blood uric acid for diagnosis of hyperuricemia related joint problem, rheumatoid factoid for diagnosis of rheumatoid arthritis and ANA for diagnosis of lupus related joint problem. Those mentioned tests are considered important and necessary test in primary care. Of interest, in the present case, the positive laboratory investigation results are observable for all three mentioned laboratory tests. It is an uncommon condition. In fact, the positive tests for those laboratory investigations might imply possibility of joint problem. Indeed, the dual problem between hyperuricemia and rheumatoid arthritis is observable in clinical practice. Similarly, the combine positive rheumatoid factor and ANA in one patient is also observable in case of rhupus. However, the elevation without any pathology can also be detected in general healthy population.

**CONCLUSION**

The present case report is on a patient with chief complaint of joint pain and the laboratory investigation shows a rare combination of hyperuricemia, positive rheumatoid factor and positive ANA.

**COMPETING INTERESTS**

The author declares for no conflict of interest.

**REFERENCES**