Gout is an acute inflammatory arthritis syndrome caused by deposition of urate crystals. The gout diagnosis made clinically, although the criteria was applied by American College of Rheumatology (ACR). The ACR criteria for diagnosing gout are as follows: (1) characteristic urate crystals in joint fluid; (2) a tophus proved to contain urate crystals; or (3) the presence of six or more defined clinical laboratory and radiological phenomena.

The pathophysiology of gouty arthritis is more understand in past decades. The prevalence of gout has been increasing. There are several risk factors for gout attack. Recently, gout may become more common because of increasing longevity, obesity, meat and fish, alcohol consumption. Acute gouty arthritis can occur in the presence of normal serum uric acid levels also. Gout also attacks with various chronic diseases including hypertension, hyperlipidemia, obesity, kidney diseases, cardiovascular diseases and several catabolic conditions, such as starvation, trauma, solid organ transplants, major surgical procedure, medication and total parenteral nutrition. Acute gout attack may not be uncommon in patients with upper gastrointestinal bleeding that is a hypermetabolic status. Non-steroid anti-inflammatory drugs (NSAID) were usually prescribed to relief pain in these patients. However, the NSAID might cause peptic ulcer.

In order to find risk factors of acute gout attack in patients with gastrointestinal bleeding is the purpose of this study. That maybe a traditional and effective treatment for acute gastrointestinal bleeding.

Thirty-eight patient with gastrointestinal bleeding patients (29 males and 9 females) had episodes of acute gout attack. 17 (45%) patients had type 2 diabetes mellitus, and 20 (53%) patients had hypertension. Only three patients had malignancy (1 hepatocellular carcinoma, 1 breast cancer and 1 colon cancer) and one patient had liver cirrhosis. The average hemoglobin is 7.46 gm/dl (from 5.6 – 10 gm/dl) and average hemocrit is 22.4 % (from 17 – 31%). The average albumin level is 3.63 gm/dl (from 2.1 – 3.3 gm/dl). The average of GOT is 31.7 U/L and GPT is 18.1 U/L. The average serum uric acid is 8.08 mg/dl (from 3.6 – 13.5 mg/dl). The average serum BUN is 58.9 mg/dl (from 11 – 94 mg/dl) and average of serum creatinine is 3.6 mg/dl (from 1.1 – 10.3 mg/dl). The average blood transfusion amount is 8 unit, and average NPO days are 4.7 days.

In clinical practice, we observe patients UGI bleeding often have gout attack during their hospitalization. The prevalence rate of peptic ulcer with hemorrhage may be 1 to 2% in our hospital. Bleeding may agitate gout attack. Although the percentage was not so high, it often causes the patient’s distress.

In conclusion, colchicine has gastrointestinal side effects and significantly causes abdominal pain and diarrhea with large dosage and long-term use. Is colchicine is tolerated in the patients with UGI bleeding? There are no detail information about the effect of colchicine on epithelial growth and ulcer healing.

Acute gout not only make treatment complex, but also prolong hospital stays and increase cost. Therefore, we should preventing acute gout when UGI bleeding occurred and patients have risks of gout arthritis. Early detection and management of gout is important. Allopurinol may be another treatment option.