Conclusions: CDS should be considered and craniocervical junction exposed in the context of acute cervical or occipital pain with stiffness and elevated inflammation markers not only in patients previously diagnosed with CPPD, but rather in diverse clinical settings. Particularly, CDS should be recognised as a possible alternative diagnosis in older patients referred with suspicion to giant cell arteritis because of new headache and elevated ESR/CRP. While generally believed to be a rare phenomenon, CDS was seen in 24 patients in 400-bed general hospital within 2 years and is probably widely underdiagnosed.

Disclosure of Interest: None declared


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STUDY OF URATE TRANSPORTERS IN PRIMARY HYPERURICEMIA AND GOUT

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Background: The urate transporters are one of the main genetic determinants of serum uric acid concentrations.

Objectives: In this study we investigated the effects of non-synonymous allelic variants of urate transporters in a cohort of patients with primary gout and/or asymptomatic hyperuricemia.

Methods: The cohort consisted of 165 gout patients (151 men, 14 women); 58 hyperuricemic individuals (39 men/19 women); 115 normouricemic controls were used for comparison. Gouty arthritis was diagnosed according to the 1977 preliminary criteria of the American College of Rheumatology. Coding regions of ABCG2, SLC22A9, SLC22A11, SLC22A8, SLC17A3, and SLC17A1 genes were amplified and sequenced directly. To estimate the functions of the identified non-synonymous allelic variants, we used the protein prediction algorithms.


Conclusions: Genetic variants of ABCG2, common and rare, increased the risk of gout and had a significant effect on earlier onset of gout and the presence of a familial gout history. Genotyping the rare variants of ABCG2 along with its common variants is essential for evaluating the individual risk for gout.

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