

Table 1. *Gout Differential Diagnosis.*

GOUT MIMIC	FEATURES
Septic arthritis	Acute monoarthritis. High grade fever, prosthetic joint or bacterial infection history. Joint fluid aspiration and synovial culture are necessary.
Osteomyelitis	Subacute onset, extra-articular involvement, bone oedema in MRI and positive bone culture.
Cellulitis	Extra-articular localization. Skin and soft tissue involvement.
CPPD arthropathy	Very similar to gout. Rhomboid crystals on polarized light microscopy. Association with endocrinopathies. Usually elderly over the age of 65 years. Chondrocalcinosis is a common finding in X-rays.
Osteoarthritis (OA)	Chronic onset, absence of inflammation in blood or synovium. Joint pain worsens during daily activities and recedes with rest. OA evident in plain radiographs.
Rheumatoid Arthritis	Subacute onset, frequently symmetrical polyarthritis and longer symptom duration. Rheumatoid nodules can be mistaken for tophi.
Psoriatic Arthritis	Often coexists with gout. Higher incidence of gout. Skin disease and more gradual onset of arthritis can pinpoint PsA exacerbation.