

# You asked about...

Answers to your questions from medical experts

## 1. Is there a correlation between gouty arthritis and more tendonitis?


Submitted by  
**Dr. Danielle Fisch**  
General practitioner  
North Hatley, Quebec

The spectrum of gout ranges from asymptomatic hyperuricemia to acute gouty arthritis to chronic tophaceous gout. Renal stones and urate nephropathy (acute or chronic) may also occur. Monosodium urate crystals may deposit anywhere in the body. Acute gout manifests most commonly as an acute monoarthritis. Other presentations are acute oligoarthritis, acute polyarthritis, and acute bursitis. Gouty arthritis is not generally associated with an increased frequency of tendonitis. A Medline search covering the last 35 years uncovered only one case report of an atypical patient with rheumatoid arthritis. This patient developed gout at the wrist, resulting in flexor tendonitis and carpal tunnel syndrome.<sup>1</sup>

Answered by:  
**Dr. Philip A. Baer**  
Rheumatologist  
Malvern Medical Arts Clinic  
Toronto, Ontario

#### Reference

1. Plastic Reconstructive Surgery 2000; 106(7):1570-2.



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**Alzheimer Society**

\* Under the Alzheimer Act

### 2. Does the presence of left bundle branch block on an ECG alter drug therapy for hypertension? Can beta blockers be used in these patients?

Submitted by  
**Dr. Sandra Simon**  
General practitioner  
Edmonton, Alberta

Left bundle branch block (LBBB) morphology QRS is seen in patients with conduction disease (distal to the AV node) or myocardial disease. LBBB is most commonly seen in patients with coronary artery disease, hypertensive heart disease, and dilated cardiomyopathy. LBBB on ECG does not alter drug therapy, assuming that the LBBB is secondary to hypertension. However, if LBBB is due to other etiologies, then drug therapy should be tailored (*e.g.*, Beta blocker and angiotensin-converting enzyme inhibitor in patients with coronary artery disease).

Beta blockers are not contraindicated in patients with LBBB. However, beta blockers should be used with caution in patients with AV nodal disease. [CME](#)

Answered by:

**Dr. Benjamin Chow**  
Assistant professor of medicine  
(cardiology)  
University of Ottawa Heart  
Institute  
Ottawa, Ontario