Gout in patients with chronic kidney disease

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The last three references cited were numbered incorrectly in the body of the article El-Zawawy H, Mandell BF. Managing gout: How is it different in patients with chronic kidney disease? Cleve Clin J Med 2010; 77:919–928. A corrected version of the relevant section, which appeared on page 927, is included below. In addition, we failed to mention that Dr. El-Zawawy is an Assistant Professor of Medicine at the Charles E. Schmidt College of Medicine, Florida Atlantic University, Boca Raton. A corrected version has been posted on the *Journal's* web site.

DOES URATE-LOWERING THERAPY HAVE BENEFITS BEYOND GOUT?

Despite experimental animal data and a strong epidemiologic association between hyperuricemia and hypertension,[46] metabolic syndrome, and rates of cardiovascular and all-cause mortality,[47] the evidence from interventional trials so far does not support the routine use of hypouricemic therapy to prevent these outcomes.

Similarly, hyperuricemia has long been associated with renal disease, and there has been debate as to whether hyperuricemia is a result of kidney dysfunction or a contributing factor.[46,48–51] A few studies have documented improvement of renal function after initiation of hypouricemic therapy.[52] However, treating asymptomatic hyperuricemia to preserve kidney function remains controversial.

A recent study indicates that lowering the serum urate level with allopurinol can lower the blood pressure in hyperuricemic adolescents who have newly diagnosed primary hypertension.[53] This does not indicate, however, that initiating hypouricemic therapy in patients with preexisting, long-standing hypertension will be successful.