Cartilage Icing and Chondrocalcinosis Differentiating Gout from CPPD

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Introduction: double contour sign (US)

- Normal hyaline
- cartilage: hypoechoic
- Double contour sign: - Echogenic icing
- Gout MSU crystals
- Less likely CPPD crystal deposition
- Chondrocalcinosis:
- CPPD crystal deposition disease



2

Introduction: knee radiographs

- Gout: monosodium urate crystals
 - Rarely calcify (only with renal disease): less dense
 - Crystals layer on hyaline cartilage: arthrogram effect
 - Characteristic tophi and erosion: popliteus
- CPPD crystal deposition disease:
 - Calcified: more dense
 - True chondrocalcinosis: menisci, hyaline cartilage
 - Calcifications: gastrocnemius tendon, synovium

Cartilage Icing: gout



*Note subtle density and arthrogram effect coating the articular surfaces

3

1





- Subject selection: see diagram
- 2 radiologists: consensus • Evaluated AP and lateral knee
- Cartilage icing
 Chondrocalcinosis: meniscus and hyaline cartilage
- Tophi
- Gastrocnemius tendon calcification



4

Results

7

9

- 49 radiographic studies in 46 subjects
- 31 male, 15 female, mean age 66 years
- 39% (19/49) gout; 61% (30/49) CPPD
- Cartilage icing: both gout (32%) and CPPD (37%)
- Chondrocalcinosis: 50% of CPPD and 21% of gout
 - 79% PPV differentiating CPPD from gout
 - 100% PPV if hyaline cartilage
- Tophi: both gout and CPPD
- Gastrocnemius calcification: 89% PPV for CPPD

Calcium Pyrophosphate Dihydrate (CPPD): terminology

- Chondrocalcinosis: non-specific calcification of cartilage
 If hyaline cartilage: CPPD is a primary consideration
- CPPD crystal deposition disease: documented crystals
- Pseudogout: clinical scenario of CPPD simulating gout
- Pyrophosphate arthropathy: characteristic joint findings
 Chondrocalcinosis
- Knee: gastrocnemius calcification, patellofemoral disease
- Wrist: lunotriquetral and synovial calcification, radiocarpal disease

8



Chondrocalcinosis (menisci, hyaline), gastrocnemius and quadriceps calcification

Gout: crystal deposition

- Monosodium urate: negative birefringence
- Intra-articular:
 - Effusion, synovitis – Microtophi: double contour sign
- Tophi:
 - Associated with erosions
 - First metatarsophalangeal joint





10







12

Gout: knee

- 29% with asymptomatic hyperuricemia have tophi about the knee¹
- Patellar tendon (especially distal):
 May present clinically as a mass
- Popliteus tendon²
- May appear as tendinosis or tear (MRI)
- Most common tendon site for gout in knee³
- Bursa and trochlear cartilage

¹Puig et al. Nucleosides Nucleotides and Nucleic Acids; 2008; 27:592 ²Ko et al. J Clin Rheum 2010; 16:209 ³Mallinson PI et al. Skeletal Radiol 2014; 43:277

13



14



 In subjects with joint aspiration-proven crystal disease of the knee, the radiographic finding of cartilage icing was identified in both CPPD and gout.

 In the diagnosis of CPPD versus gout, overall chondrocalcinosis, hyaline cartilage chondrocalcinosis, and gastrocnemius tendon calcification showed a positive predictive value of

79%, 100%, and 89%, respectively.

15

Conclusions

Limitations

- Although joint aspiration was gold standard, selection biased introduced (likely more symptomatic)
- Often difficult to discern cartilage icing from chondrocalcinosis
- Reviewers did not take into account the density of the crystals
 - This should be corrected on follow-up study
- No pathology correlation for presumed tophi

16



Falkowski A et al. PLOS One 2020

18