

## Reply to A. Ramon *et al.*

Sirs,

We read with great interest the letter by Ramon *et al.* (1). The authors used similar methodology as described in our publication (2), trying to define a diagnostic imaging algorithm for patients with suspected gouty arthritis. The group nicely adds information on the limitation of our original study on the fact that we did not investigate the impact of ultrasound. The authors conclude that sonography should be preferred due to the radiation exposure in dual-energy computed tomography (DECT) despite being less sensitive. However, its sensitivity could be increased when tophus detection would be included as positive finding in addition to the double-contour sign. We believe that the results emphasise the use of ultrasound in gouty arthritis for diagnostic purposes and sonography and DECT could be used interchangeably depending on their availability and the experience

of the sonographer. However, the value of DECT for therapy response measurements and the role of ultrasonography for image guided procedures such as diagnostic and therapeutic joint aspiration should be subject to further investigations before discussing a revision of the imaging recommendations in gouty arthritis.

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## References

1. A. RAMON, M. SCHMITT, R. NE, J.-F. MAILLEFERT, P. ORNETTI: Response to "Diagnostic accuracy of dual energy computed tomography and joint aspiration: a prospective study in patients with suspected gouty arthritis". *Clin Exp Rheumatol* 2019; 37 (Suppl. 122): S15-16.
2. A. NÖTZEL, K.-G. HERMANN, E. FEIST *et al.*: Diagnostic accuracy of dual-energy computed tomography and joint aspiration: a prospective study in patients with suspected gouty arthritis. *Clin Exp Rheumatol* 2018; 36: 1061-7.