Behcet's disease

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CLINICAL CASE

Male patient 27 years old, Caucasian, seeking the A&E service due to oral and genital ulcers, evolving for several days. Personal history: asthma; irrelevant family history. The objective exam showed aphtha on the upper lip (internal side) and on the tongue external borders; no alterations on the reminder of the exam. Cardiopulmonary auscultation without alterations. Abdomen: no alteration.

Lower limb without edema, with nodular lesions and a necrotic aspect in the centre, "target lesions" in the entire lower limb. Normal neurologic exam. Genital exam showing ulcers on the penis shaft and base *(Fig. 1)*.

From the supplementary analytical study performed:

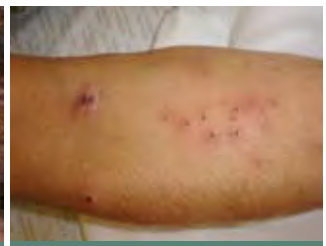
Hemogram within normal parameters; Leukogram: leukocytosis (18000 /µL) with neutrophilia (80.4%); Biochemistry without relevant changes: ESR 80; CRP 228 mg/dL; Wright and Widal reaction and Waller Rose were negative; negative serum tests for *Chlamydia pneumoniae, Mycoplasma pneumoniae;* HIV 1 and 2; Also negative for Hepatitis B and C and VDRL; Negative immune tests (RA test, TASO, ANAS, ANCAS, SACE, HLA B5)

Before the presence of oral and genital ulcers *(Fig. 1)*, pathergy sign *(Fig. 2)* and folliculitis signs supported by a histologic study of a cutaneous lesion, it was raised the possibility of a definite diagnosis of Behcet's Disease.

The option was to use prednisolone 1 mg/Kg/day = 60 mg (in a progressive weaning off course) and colchicine.

Genital Ulcers.

FIG. 1



Positive Pathergy Sign.

FIG. 2

At present, he is being followed up as an outpatient, has been receiving colchicine 1 tablet/day, without lesions and without symptoms recurring for 2 years.

DISCUSSION

Behcet's Disease is a multisystemic vasculitis of unknown aetiology, with a chronic progression.[1] It is a disease occurring from the second to the 4th decade of life, rarely observed in childhood and patients over 50 years of age.[2] The genetic factors are based not only in the existence of family forms of the disease as in the frequent presence of HLA B5. A bad prognosis criteria is a HLA B51 positivity.[1,3] The diagnostic is made by the presence of: repeated oral aphthosis, associated to 2 to 4 criteria: - Genital aphthosis; -Eye lesions;-cutaneous lesions (pseudofolliculitis, nodosum erythema); Pathergy positive test, in accordance with the International Study Group for Behcet's Disease.[4] ■

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References

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