BEHCET'S DISEASE

Pages with reference to book, From 102 To 103

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Behcet\'s disease is a multisystem disorder which is probably underdiagnosed because the diagnosis is clinical and there are no confirmatory tests[1]. It comprises a syndrome of multisystem inflammatory lesions consisting of orogenital mucous membrane ulcerations, arthritis, cutaneous, neurologic and ocular lesions which is one of the major criteria of diagnosis[2]. It affects males more than females, onset is in third decade of life. It is more common in countries bordering Eastern Mediterranean and Far East[3].

CASE REPORT

A civil servant in active service was seen with blurred vision in left eye. Vision was reduced to 6/36 and there was mild anterior uveitis. Examination of posterior segment showed vitreous opacities with patch of retinal vasculitis along infiltrates and haemorrhages on the nasal side of the disc. He gave history of thrombophlebitis of right leg in 1978 and recurrent crops of oral and cutaneous ulcers. He also gave history of retinal vasculitis over many years and in 1986 he had diarrhoea and was fcbrile in evenings for eight months. On 27th June, 1987 he had a stroke causing a right hemiplegia and aphasia. His right sided weakness recovered but he still had dysarthria and expressive dysphasia. No genital ulcers were seen. Laboratory tests showed ESR 55, eosinophilia of 20%. A skin lesion of ankle was biopsied and showed vasculitis. A diagnosis of Behcet\'s disease was made and the patient was put on full dose of prednisolone which over the period of month was tapered to 10 mgm daily. His vision recovered to 6/9 with minimal vitreous opacities and vasculitis settled. There was no improve. ment in his dysphasia. The patient was followed till August, 1989 during which he had recurrent attacks of blurring of vision, vasculitis and had to be started on azathioprin 50 mgm bd to a maintenance dose of 25 mgm od. He proceeded to England in 1989 and diagnosis was confirmed by dermatologist, neurologist and pathologist. His HLA B27, anti-nuclear, DNA antibodies profile and VDRL was negative. CT scan showed mild cerebral atrophy.

DISCUSSION

All previous diagnostic criteria of Behcet's disease tend to emphasise the involvement of a particular site rather than the multisystem nature of the disease. The numerical system is artificial but it gives a simple comprehensive alternative and can therefore reinforce the clinical diagnosis. It helps to eliminate the differential diagnosis of sarcoidosis, arthritides, multiple sclerosis and inflammatory bowel disease. This stresses the need
to diagnose this disorder more frequently than present and prevent the complications by appropriate treatment.

REFERENCES

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