

Behcet's Disease – A Rare Immunological Condition



Medical Science

KEYWORDS :

* **Dr. Anuradha Dnyanmote**

Department of Surgery, Padmashree Dr. D. Y. Patil Medical college, Hospital and Research Centre * Corresponding author

Sir,

Behcet's disease is a rare condition. It is a chronic, recurrent, inflammatory disorder characterised by oral and genital ulcers and ocular lesions.

Although the exact etiology of this disease is unknown it is believed to have immunological basis. What is less known of this disease is that this condition involves most of the body systems.²

Behcet's disease was named in 1937 after Turkish dermatologist Hulusi Behcet who first described triple symptom complex of recurrent oral aphthous ulcers, genital ulcers and uveitis in 1924 and reported his research in Journal of Skin and V.D. in 1936.³

Some sources use the term "adamantiades-Behcet syndrome" for work done by Benediktas Adamantiades⁴

This syndrome is rare in the United States and U.K. but is common in Middle east and Asia region suggesting possibility of endemic to tropical areas²

It is an autoimmune disease. Males are more affected than females. (5)

Age of presentation is 20-40 years (mean age being 30) (6)

According to a study conducted by Pande, Uppal S. S., in 1995 (British Journal of rheumatology and study by Archana Singhal in Feb 2013 (pubmed 23,44,24,58) it is stated that there is scarcity of clinical data on Behcet's disease in India with only three case series in last 2 decades.

We report a case of 27 year old male patient who presented with redness in right eye, multiple ulcers in the mouth and black coloured patches over both arms. Patient gives history of ulcer over the penile area 6 months back which healed after medications at other hospital.

Pathergy test was positive. Slit lamp examination by ophthalmologist was done which showed keratic precipitates. Staining

with fluorescein revealed superficial epitheliopathy on cobalt blue light. Mixed injection (conjunctival as well as ciliary was noted). Lid edema was noted only in the right eye. On eversion of right upper lid a patch of ulcer was noted on the palpebral conjunctiva. Vision in right eye was markedly reduced to 6/60 with continuous watering and pain.

Diagnosis was done on basis of clinical grounds. Blood test in form of antinuclear antibodies were done but were positive. We started treating the patient with topical and oral steroids, cycloplegics, antibiotics and colchicine.

Oral, penile and conjunctival ulcers healed over a period of one and half month.

Differential diagnosis include : Severe form of Stevens-Johnson syndrome.

Thus we conclude that this disease occurs in India in slightly milder form. Due to scarcity of reporting however we have to keep the clinical diagnosis in mind treat patient accordingly.

It may be of help to consider this condition whenever young male patients present with long standing ulcers of oral mucosa, penile mucosa and ocular mucosa.

It will always be useful to draw attention to its occurrence in our country where clinical data is very sparse.

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