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A Case Report on Behcet disease

by

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Title: Behcet disease in 19 years old female patient

Abstract:

This is a case report of a 19 years old female student living in Sulaimany city in north of Iraq who presented with Recurrent eye infection for about one year and recurrent oral ulcer plus family history of Rheumatoid arthritis . and later sent for HLAB52 Positive , also she had optic neuritis diagnosed her as a case of behcet disease.

History:

19 years old female student came to clinic for her eye problem. She was suffering from redness of both eye plus pain in both eyes.

she said that she has this eye redness and pain for about one year but with relapse and recurrent and she takes eye drops every time without finding the cause.

she said that she has recurent oral ulcer for about a year ,she had photophobia,
She has family history (her mother) has rehumatoid arthritis.

Then ophthalomological consultation done and it was like the following :
she had good visual acuity 6 over 6 in both eyes
But unfortunately she had anterior uvitis with left side optic neuritis .left disc swelling .

Later neurological consultation done for optic neuritis and disc swelling and it was like the following :
The neurologist suggested to do MRI of brain it was done and it was normal
Later pathergy test done it was neative.

then geynecological consultation done for presence of any genital ulcer and it was like the following :gynecological examnation was quite normal there was no any genital ulcer

Then she was diagnosed as a case of behjet disease because she fulfils the criteria for diagnosis of behjet disease.
She had no skin lesion, no arthritis, no wight loss

Negative for:

Shortness of breath, cough, hemoptysis, chest pain, diarrhea, abdominal pain, melena, bleeding per rectum, fever, urethral discharge, hematuria, , calf pain, sick contacts, recent travel. Wt loss, nausea, vomiting, anorexia, dysurea

Positive for:

Headache, pain in both eyes

Past medical history:

Non significant

No prior hospitalizations.

Past Surgical history :

No significant operation done before

Allergies: NKDA, no food allergies.

Family history :

She has family history (her mother)of rheumatoid arthritis.

Obstetric & Gynecological History :

She has normal regular menstrual cycle.

She has no genital ulceration

Social history:

She is a student, moderate economic status

She is not a smoker.

She had:
1- recurrent eye infection
2- recuurent oral ulceration
3-anterior uvitis
4- optic neuritis with disc swelling in left side.
5- photophobia.
6-family history of rheumatoid arthritis.

Examination:

GENERAL EXAMINATION: she is conscious, comfortable, and cooperative

She is oriented to time, place, person.

No pallor /clubbing/cyanosis/edema

Head and neck:

No skin lesion, no malar rash

No visible bleeding.

NO lymph node Enlargement .

Pupils equal and reactive to light, no nasal mucosa ulcerations

The patient appeared no fatigued, and in no distress.

Vital Signs: Pulse- 76 beats/ minute, normal rhythm, normal volume. No radial femoral delay or pulse deficit.

Blood pressure- 110/60 mmHg measured on right arm in supine position.

Respiratory rate- 16 breaths per minute, normal rythm..

Her temperature was 36.9 oC,

SYSTEMIC EXAMINATION:

CVS- Precordium normal.S1 S2 present. No murmurs or adventitious sounds. Apex beat at fifth intercostal space.

RS- Normal vesicular breath sounds.Bilateral air entry equal. No crepitations or rhonchi.

ABDOMEN- no tenderness/ no distension /no organomegaly. Bowel sounds heard.

CNS- headache , No focal neurological deficit. Reflexes are normal.

Musculoskeletal system Examination:

There is no significant arthritis and no any bone pain

Diagnosis:

Diagnosis is Behcet disease (based on her symptoms and her medical history , and she fulfills the criteria for diagnosis of behcet disease)

Differential Diagnosis for behcet disease include:

- AA (Inflammatory) Amyloidosis
- Antiphospholipid Syndrome
- Granulomatosis with Polyangiitis (Wegener Granulomatosis)
- Inflammatory Bowel Disease
- Paraneoplastic Syndromes
- Polyarteritis Nodosa
- Systemic Lupus Erythematosus (SLE)

Investigation:

pcv :40
WBC : 5.500
ESR :20
Platelet :176

GUE:

- Pus cell :1-2
- RBC :1-2

albumine: negative

Blood sugar :90 mg-dl
Blood urea : 38 mg-dl
Serum creatinine : 0.67 mg-dl
S.Cholestrole : 137 mg-dl
S.Triglyceride :123 mg-dl
S. Uric Acid : 3.1 mg-dl
ALT(GPT) : 13 mg-dl
AST(GOT) 19 mg-dl
Total protein : 6.8 mg-dl

HLA B 27 negative
HLA B 51 negative
HLA B 52 Positive

Pathergy test; negative
Recurrent oral ulceration
CRP : Negative
Latex fixation test : Negative

HBs Ag ELISA :Negative
Anti HCV ELISA :Negative

Abdominal US :
Normal

Brain MRI :
normal

Negative For :
Anti double stranded DNA
Anti nuclear AB
Rheumatoid factor
Anti - Ro
Anti –La
Anti –smith
ANCA –C Anti –PR3
ANCA –P Anti-MP0

Negative For :
Anti-Toxo IgG : negative
Anti-Toxo IgM : negative

Treatment:

Treatment done started by prednisolon tab 20 mg per day with cyclosporin eye drop with artificial eye drop.

Then she took a pulse for 3 days of methylprednisolone 500 mg,

One month later she developed eye infection again so she has been sent her to ophthalmologist again.

Ophthalmological consultation was like this:

Bilateral anterior and posterior uvitis so the dose of prednsiolon increased to 40 mg per day with methotrexate tab 3 tab per week with folic acid tab once a week.

After one month ophthalmological consultation done again and it was normal.

Then her treatment was arranged like this:

1-immunarn tab 50 mg 1x2

2-prednisolon tab 20 mg 1x1 for 2 weeks then 10 mg for 2 weeks then 5 mg 1x1

3- Calcium supplement tab 1x2

and we stopped methotrexate and folic acid tab.

And she is now in good condition and on regular follow up visit.

Discussion:

19 years old femla student suffering from recurrent eye infection plus recurrent oral ulceration and family history of Rheumatoid arthritis. Ophthalmological consultation revealed anterior uvitis with left side optic neuritis.left disc swelling .
She has positive HLA b52
She fulfils criteria for behcet disease.
And she has been put on (immunarn tab 50 mg 1x2 , prednisolon tab 20 mg 1x1 for 2 weeks then 10 mg for 2 weeks then 5 mg 1x1 ,calcium supplement tab 1x2) and regular follow up.

Learning point:

From this case we can know that behcet disease is chronic disease affect blood vessels . and should be taken seriously in any one presented with recurrent eye infection or oral and genital ulcer ,or skin lesion and Deep Vein Thrombosis or CNS problem .

Summary:

Behcet's (beh-CHETS) disease, also called Behcet's syndrome, is a rare disorder that causes inflammation in blood vessels throughout body. The inflammation of Behcet's disease leads to numerous symptoms that may initially seem unrelated. The signs and symptoms of Behcet's disease — which may include mouth sores, eye inflammation, skin rashes and lesions, and genital sores — vary from person to person and may come and go on their own.

The exact cause of Behcet's is unknown, but it may be an autoimmune disorder, which means the body's immune system mistakenly attacks some of its own healthy cells. Both genetic and environmental factors may be responsible for Behcet's disease.

Treatment aims to reduce the signs and symptoms of Behcet's disease and to prevent serious complications, such as blindness

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