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Behçet's Disease: A Case Report

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Abstract **Case Report**

Behçet's disease is a chronic, relapsing, multisystem inflammatory vasculitis characterized by a wide spectrum of clinical manifestations, predominantly involving mucocutaneous features. We report the case of a 31-year-old patient presenting with recurrent oral and genital aphthosis associated with acneiform skin lesions. The diagnosis of Behçet's disease was established based on international clinical criteria. Treatment with colchicine resulted in a favorable outcome. This case highlights the importance of early diagnosis in order to prevent systemic complications.

Keywords: Behçet's disease, Recurrent oral aphthosis, Genital ulcers, Acneiform eruption.

INTRODUCTION

Behçet's disease (BD), also known as Behçet's syndrome, is a chronic, relapsing, multisystem inflammatory vasculitis of unknown etiology, associated with certain human leukocyte antigens (HLA), particularly HLA-B5 [1].

Its broad clinical spectrum includes recurrent oral aphthous ulcers, genital ulcers, cutaneous lesions, ocular involvement in the form of uveitis, as well as neurological, cardiovascular, gastrointestinal, and articular manifestations [2].

The disease can occur at any age, with a peak prevalence between 30 and 40 years, and shows no clear sex predominance. It has a worldwide distribution, with a higher prevalence in certain regions, particularly the Far East and the Middle East [1].

CASE REPORT

A 31-year-old male patient, with no significant personal or family medical history, presented with recurrent oral and genital ulcerations evolving over a period of nine months. The clinical history was marked by the abrupt onset of painful oral aphthous ulcers associated with genital ulcerations, without fever or general condition impairment.

Clinical examination revealed:

- a well-demarcated, round oral aphthous ulcer of moderate size located on the upper lip, painful, with a yellowish base and surrounded by an inflammatory halo (Figure 1A);
- a large, deep aphthous ulcer on the right hemiscrotum, painful and edematous (Figure 1B), associated with contralateral hypopigmented scar lesions on the left side (Figure 1C);
- cutaneous lesions consisting of non-follicular papules and pustules suggestive of pseudofolliculitis on the face (Figure 1D), as well as an acneiform eruption on the back (Figure 1E).

Laboratory investigations, including serological tests for syphilis and HIV, were unremarkable, as was the ophthalmological examination.

The diagnosis of Behçet's disease was established according to the International Criteria, with a score ≥ 4 points (oral aphthosis, genital aphthosis, and skin lesions). The patient was treated with colchicine at a dose of 1 mg/day, combined with a topical corticosteroid, resulting in a favorable clinical outcome.

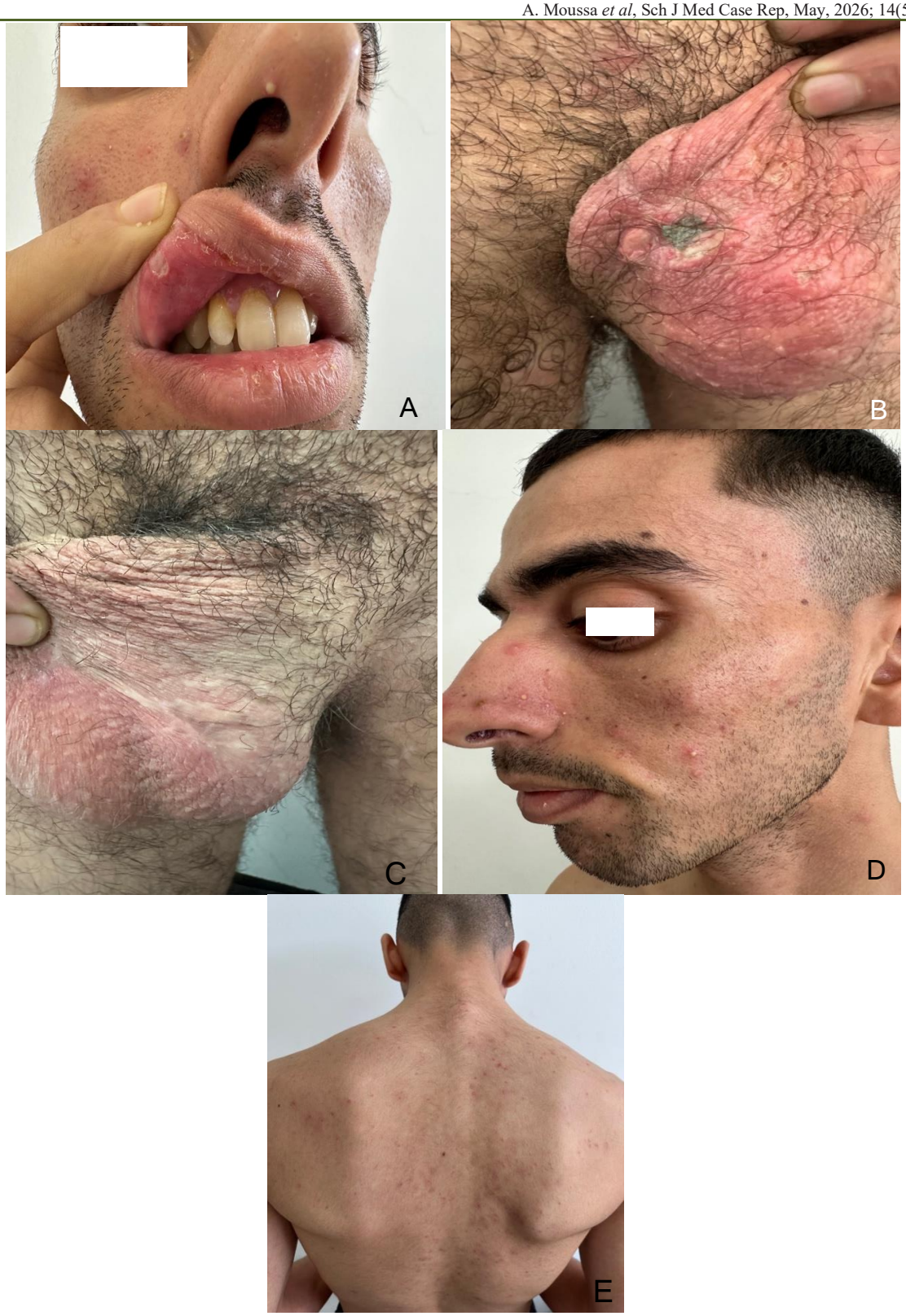

FIGURE 1:

(**A**) Oral ulcer located on the upper labial mucosa, with raised borders and a grayish necrotic base.
(**B**) Genital ulcer located on the right lateral aspect of the scrotum, with a yellowish necrotic base, surrounded by an erythematous halo.
(**C**) Large hypopigmented scar lesion located on the left lateral aspect of the scrotum.
(**D, E**) Acneiform papulopustular lesions associated with recurrent oral and genital ulcers, involving the face and the back.

DISCUSSION

Behçet's disease (BD) is a systemic vasculitis most commonly observed in young adults between 15 and 45 years of age. Recurrent oral aphthosis is almost constant, occurring in 90–100% of cases, and represents the initial manifestation in 25–75% of patients according to various series [1]. Approximately 90% of genital ulcers in men develop on the scrotum, with lesions rarely located on the glans or penile shaft [3].

The rate of scar formation in patients with large and small genital ulcers has been reported to be 100% and 40.5%, respectively [3]. The diagnosis is primarily based on clinical criteria [4,5].

Oral aphthous ulcers may also be observed in other conditions, including idiopathic recurrent aphthosis, ulcerative colitis, Crohn's disease, systemic lupus erythematosus, HIV-associated infections, drug-induced eruptions, as well as hematological disorders. Therefore, their systematic assessment is essential in any patient suspected of having Behçet's disease [6].

The course and prognosis of Behçet's disease are variable and depend on the extent of systemic involvement. The diagnosis may be delayed for several years after the onset of clinical manifestations, which can adversely affect the prognosis [6]. A systematic ophthalmological examination is essential in patients presenting with suggestive cutaneous lesions, in order to detect ocular involvement and prevent progression to blindness [7].

The primary goal of treatment is to prevent irreversible organ damage. Therefore, early diagnosis, appropriate therapeutic management, and regular follow-up are crucial to reduce disease-related morbidity and mortality [8]. Treatment varies depending on the organs involved, disease severity and duration, frequency of relapses, as well as the patient's age and sex. Colchicine remains the first-line treatment for mucocutaneous manifestations [8–10].

CONCLUSION

Behçet's disease is a severe, relapsing systemic vasculitis characterized by multisystem involvement. Early diagnosis, combined with a multidisciplinary approach, is essential to limit complications and relapses. An appropriate assessment of disease impact, tailored to the clinical manifestations, should be performed throughout the course of the disease.

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