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INTRODUCTION

Behçet's disease (BD)

- a systemic vasculitis with multiple organ involvement - urinary tract involvement is rare;
- bladder dysfunction that can occur in neuro-BD¹.

CONCLUSION

- BD with ureteral ulcerative lesion is a rare occurrence, especially in women;
- No available recommendations or guidelines for urologic involvement but immunosuppression should be considered².

**BD with urethral aphthous lesion is a rare entity, especially in females.
A multidisciplinary approach with disease control and local interventions is needed for optimal results.**

RESULTS

34 year-old female with BD is admitted for dysuria and right lumbar pain



Abdominal ultrasound – grade 2 hydronephrosis
Repeated ureteroscopy - placement of ureteral stent, no visible lesion

Persistent pain, haematuria, worsening of hydronephrosis after stent removal
MRI rules out the presence of compressive tumoral mass



Fig. Collected urine with hematuric aspect

Histopathological findings- urothelium fragments with reactive changes, intraepithelial oedema, lymphocytic inflammatory infiltrate, polymorphonuclear cells in the interstitial and perivascular structures – **VASCULITIS**.

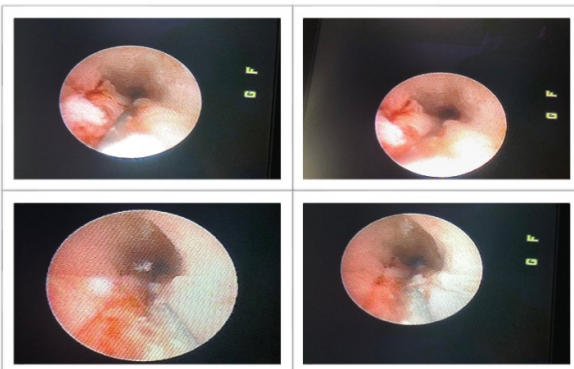


Fig. Ureteroscopic follow-up after 6 months of treatment

- **2013:** disease onset – recurrent vesperal fever, odynophagia, painful oral ulcers
- **ENT:** multiple antibiotherapies with no favorable response
- **Infectionist:** multiple aphthous lesions soft and hard palate and tonsils, negative for hepatitis B, C, HIV, herpes, no vitamin deficits, no inflammatory bowel disease
- **Rheumatologist:** arthralgia of small joints of the hand, alopecia

ANA, dsDNA, RF, ACPA -
HLA B51 +

BEHCET'S DISEASE

Treatment with colchicine, azathioprine, corticosteroids

Patient's state worsening – ureteroscopic reevaluation that identified an ulcerative lesion on the right ureter
? multiple local interventions OR active vasculitis ?

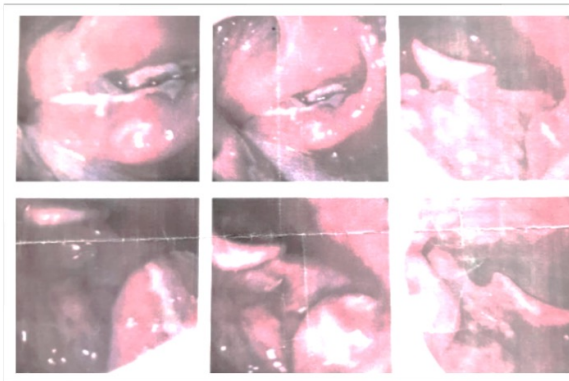


Fig. Ureteroscopic aspect of ulcerative mucosal lesion

Cyclosporine 100mg qd
Colchicine 1.5mg qd
Corticosteroids

- Regular follow-up with healing of the ureteral ulcer and the mucosal surface, stent removal.
- No further urogenital manifestations, normal renal function and ultrasound aspect.

TAKE HOME MESSAGES

- BD rarely displays urological manifestations besides epididimitis and local aphthous lesions;
- Bladder involvement is usually neurogenic or secondary to cyclophosphamide treatment;
- No specific recommendations for ureteral involvement;
- Team of rheumatologists and urologists should manage complex and severe BD cases.

REFERENCES

1. Talarico R, Bombardieri S. Behçet disease. In: *Systemic Vasculitides: Current Status and Perspectives*, 2016.
2. Akpolat T, Akkoyunlu M, Akpolat I, Dilek M, Odabas AR, Ozen S. Renal Behçet's disease: a cumulative analysis. *Semin Arthritis Rheum.* 2002;31(5):317-332.