Behçet's disease: about 531 cases

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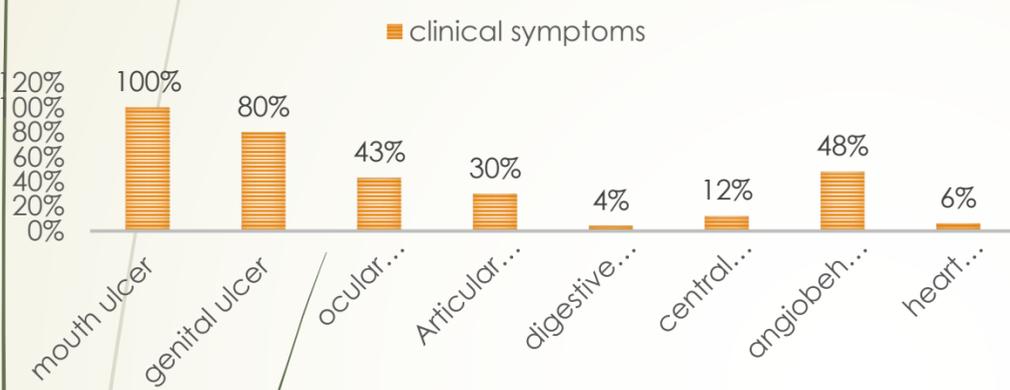
Introduction :

Behcet's disease is a vasculitis of unclear etiopathogenesis affecting vessels of different calibers and manifesting by different clinical signs

Patients and methods:

This is a retrospective descriptive analytical and observational monocentric study, conducted within the internal medicine department in Rabat, (2012-2022). We collected 531 patients followed for Behçet's disease. The statistical results were analyzed by the JAMOVI 1.6.

Results :

531 files of patients are collected. The mean age at diagnosis was 30.6 (16–56 years). Patients aged between 19 and 65 presented 96.6%. Sex ratio M/F was: 3.53. The average time to diagnosis is estimated at 4 years (0–26 years). Hypertension is found in 9.4% and tobacco in 18%. The evolution was favorable in 460 patients (86.62%), 57 (10.7%) presented a relapse. We deplore 14 deaths (8.5%).

CLINICAL SYMPTOMS

clinical symptoms: mouth ulcer 100%, genital ulcer 80%, ocular… 43%, Articular… 30%, digestive… 4%, central… 12%, angiobeh… 48%, heart… 6%

Treatement	Nbr of patients
colchicine	100%
Corticosteroid therapy	88%
azathioprine	19%
cyclophosphamide	22%
Anticoagulant	43%
Anti TNF alpha	4%
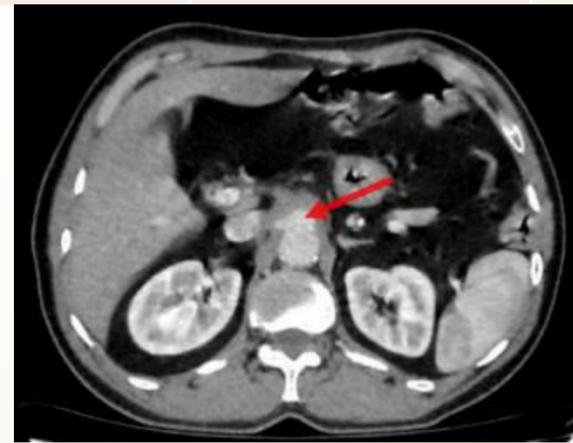
Eryhtem nodosa and genital ulcer - angioscanner schowing abdominal aortic aneurysm in our patients

Discussion:

Behçet's syndrome (BS) is a systemic vasculitis characterized by a relapsing and remitting course, with mucocutaneous, articular, ocular, vascular, neurological, cardiac and gastrointestinal involvements.

Statistical analysis suggests significant links between vascular involvement and: inflammatory polyarthralgia ($p < 0.001$), cardiac involvement (p=0.005), coronary involvement p= 0.02, neurological (p= 0.002). Femoral and iliac deep vein thrombosis are linked to: posterior uveitis (p= 0.008), retinal ischemia (p= 0.01). Femoral and iliac deep vein thrombosis are linked to: posterior uveitis (p= 0.008), retinal ischemia (p= 0.01). Involvement of the digestive tract is linked to: genital ulcers (p = 0.005), heart involvement (p = 0.002) and carotid artery aneurysms (p = 0.002). Joint damage (< p=0.001), pseudo-folliculitis and genital ulcers (p=0.039) are common in women.

Relapses are related to neurobehçet (p= 0.03) and digestive involvement ($p < 0.001$). Death is related to angiobehçet (p=0.03) and neurobehçet (p=0.005). The definition of BS embraces a spectrum of different clinical manifestations, which may be co-associated in a variety of different combinations, leading to recognized disease phenotypes

Conclusion :

Our study suggests that the search for the different systemic manifestations is necessary in patients followed for BD in order to prevent relapses and improve the functional and vital prognosis and to specify different clinical phenotype of Behcet diease.

References:

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3- Seyahi E. Phenotypes in Behçet's syndrome. Intern Emerg Med 2019;14:677.