Gastrointestinal Involvement in Behçet Disease

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INTRODUCTION

Behçet's disease is a chronic inflammatory systemic disorder of undetermined etiology. Involvement of the digestive tract predominates in the ileocolonic region. Its frequency is variously assessed, ranging from 30% in Japanese series to less than 5% in European series.

PATIENTS AND METHODS

Descriptive retrospective study over 41 years, involving 1532 records of patients with BD. Were selected patients meeting the diagnostic criteria of the ISGBD 1990 and having digestive involvement correlated to the disease, after exclusion of the differential diagnoses.

RESULTS

Digestive involvement occurred in 141 patients (9.20%), 43 women and 98 men, the mean age at the time of diagnosis was 32.9 years. Minor manifestations occurred in 133 cases including transit disorders in 85 patients (60.28%), nausea and vomiting in 33 (23.40%), abdominal pain in 47 (33.33%), while colitis ulceration which constitutes a major manifestation was observed in 8 cases. A case of perforation complicating digging ulcerations and requiring urgent recourse to surgery was noted.

Medical treatment was based on oral corticosteroid therapy, rarely in bolus form, and on immunosuppressive treatment, in particular Azathioprine.

The use of anti-TNF treatments was required in one patient.

The clinical course was favorable in the vast majority of our patients.

only one case of death was reported .

DISCUSSION/CONCLUSION

A digestive presentation in the foreground should lead to a differential diagnosis (IBD).

The functional symptomatology is aspecific without characteristic endoscopic or histological aspect.

The presence of granuloma on the biopsies is the only sharp element against Gastrointestinal Involvement in Behçet Disease.

Behçet's disease can present with a wide array of gastrointestinal manifestations. Although ileocecal involvement is classically associated with BD, any part of the GI tract from the mouth to the anus can be involved.

Diagnosis remains a challenge with no universally accepted criteria.

Management can be confusing and there are no unanimously accepted treatment algorithms. The goal of treatment is to keep patients in clinical remission, reduce relapses and prevent surgical intervention.

Although endoscopic remission is a treatment goal in IBD, there is currently insufficient evidence in the literature to recommend mucosal healing as a treatment goal in BD [1]. Treatment requires cooperation across multiple specialties including the primary care physician, internist, gastroenterologist and possibly interventional radiologist and/or surgeon. Anti-TNF-α mAb therapy appears to be promising for more severe and/or refractory intestinal disease - more clinical trials are necessary to support their use.

A certain subset of patients have a poor disease course and better methods to identify them early in the disease course will be an important area of study.

REFERENCES

[1]. Hisamatsu T, Ueno F, Matsumoto T, Kobayashi K, Koganei K, Kunisaki R, Hirai F, Nagahori M, Matsushita M, Kobayashi K, Kishimoto M, Takeno M, Tanaka M, Inoue N, Hibi T. The 2nd edition of consensus statements for the diagnosis and management of intestinal Behçet's disease: indication of anti-TNFα monoclonal antibodies. J Gastroenterol 2014; 49: 156-162 [PMID: 23955155 DOI: 10.1007/s00535-013-0872-4].