

INTRODUCTION

Behçet's disease is systemic vasculitis, described in 1937. Predominates in young male subjects. It associates recurrent bipolar aphtosis with ocular damage and may be accompanied by other manifestations including joint damage, which may initiate, reveal or appear during the course of the disease.

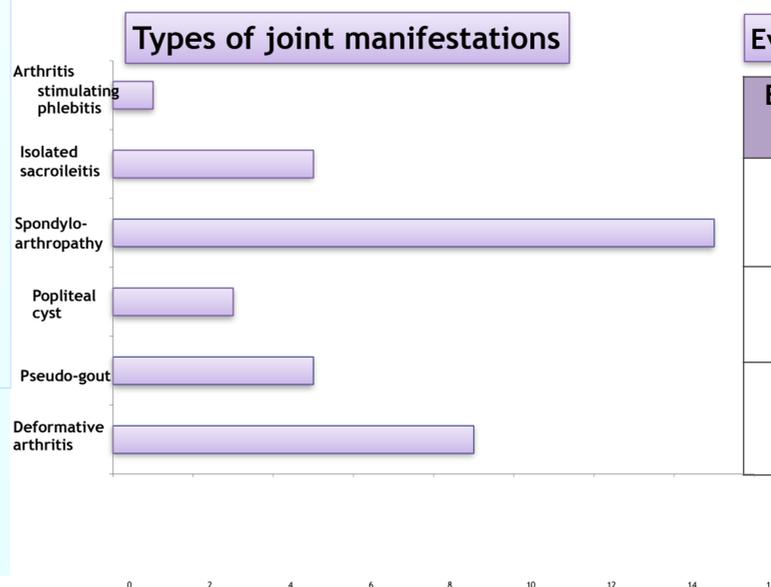
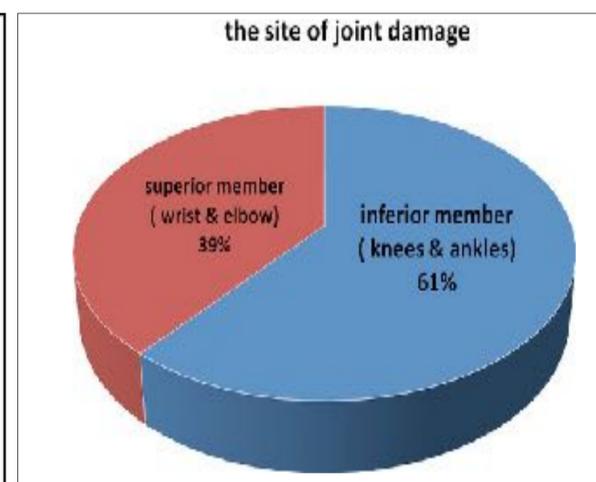
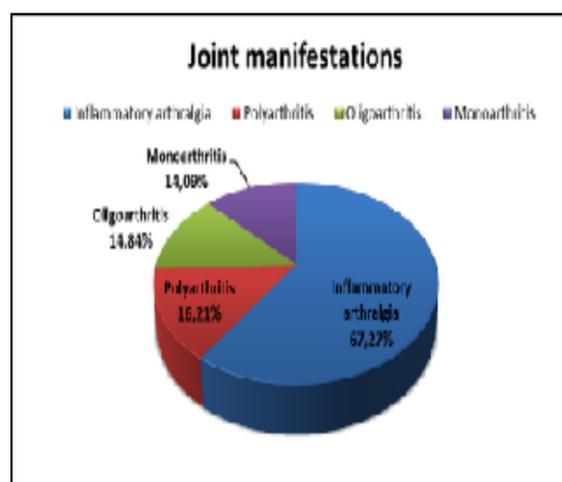
Our work details the main characteristics of joint damage during Behçet's disease.

MATERIALS AND METHODS

We conducted a retrospective study of 1532 cases of Behçet's disease, 660 of which had joint damage, over a period of 41 years (1981-2021) in an internal medicine department. All our patients meet the international diagnostic criteria for Behçet's disease.

RESULTS

We had collected 660 cases of joint manifestations, or 43.08%. The mean age of diagnosis was 33.5 years (9-70 years) with a diagnostic time of 4 years. Sex ratio H/F is 2.38. Inflammatory arthralgia was the most common (67.27%) followed by polyarthritis, oligoarthritis and monoarthritis respectively (16.21% 14.84% 14.09%). The preferred site of joint injury according to our results was the lower limb and more specifically the knees and ankles (61%). Evolutionary mode was intermittent in 71% of cases, acute in 17% and chronic in 12%. We noted the following special forms: 9 cases of deformative arthritis, 6 of which had progressed towards joint destruction, 5 cases of pseudo-gout, 3 cases of popliteal cyst, 15 cases of spondyloarthropathy, 5 cases of isolated sacroileitis and 1 case of arthritis simulating phlebitis. Treatment was based on colchicine, NSAIDs, low-dose corticosteroids and azathioprine in some forms resistant to the usual treatment. Developments were favorable in the majority of cases.



Evolutionary mode	% of cases
Intermittent	71
Acute	17
Chronic	12

DISCUSSION /CONCLUSION

Joint damage during Behçet's disease is common, ranging from 48 to 70% of cases according to the series described in the literature. It is not uncommon that it can initiate the disease and precede aphtosis by several years.

Peripheral joint damage is most common, ranging from simple inflammatory arthralgia to true arthritis, including oligoarthritis, with predominance in the knees and ankles followed by the wrists, elbows and shoulders; however, hands and feet are much less common. All of this data partly reflects our results.

The development under symptomatic treatment is generally favorable, deformations and joint destruction remain very rare.