A Case Report of Behcet Disease in King Abdulazziz Specialist Hospital Sakaka Aljouf - Region Kingdom of Saudi Arabia

Akinfe A.A, Akinfe F.A, Tayyab, Hussein Saber, Hassan, Ariel, Hiber Khider, Razan, Amira, Nehal, Kishore

King Abdulazziz Specialist Hospital Sakaka Aljouf - Region Kingdom of Saudi Arabia

Corresponding author: *Akinfe A.A. E-mail: akinwaleakinfe4@gmail.com*

Introduction: Behçet disease is a rare vasculitic disorder that is characterized by a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis[1]. The systemic manifestations can be variable. Ocular disease has the greatest morbidity, followed by vascular disease generally from active vasculitis. Cutaneous manifestations can occur in up 75% of patients with Behcet disease and can range from acneiform lesions, to nodules and erythema nodosum[2]. Gastrointestinal manifestations can be severe; and differentiating Behçet disease from active inflammatory bowel disease can be clinically difficult. This is case report of a patient with many of the above features.

Case Report: A 24year old male patient presented at the Emergency Department with a 1-day history of headache, marked reduction in vision, pain, photophobia and watering of the left eye. There was no antecedent history of trauma nor previous eye surgery[3]. This patient is a known diabetes mellitus patient with fair blood glucose control[3]. There was history of recurrent oral ulcer, however no history of genital ulcers[3]. There was also associated history of mild joint pain[3].

Ocular Examination showed visual acuity of perception of light OS and 6/6 OD. There was full extraocular muscle movement in all directions of gaze in both eyes. The left eye showed mild lid oedema, ciliary injection, moderate depth anterior chamber with hairline hypopyon, >10 cells in the left eye, applanation tonometry of 16mmhg, brown iris however no rubeosis iridis, obvious posterior synechia, oval shaped pupil with sluggish reaction to light, early cortical opacity, blurred view of vitreous, blurred view of pink oval disc, reduced fovea reflex, flat retina, normal vessel and periphery. The anterior and posterior segments of the right eye were essentially normal. A clinical assessment of Behcet Eye Disease with fairly controlled Diabetes Mellitus was made.

The managing team requested for blood and radiological investigations in tandem with Behcet disease and uveitic workup[3]. Investigation results included elevated white blood cells count, elevated erythrocyte sedimentation rate, elevated blood glucose and glycosylated heamoglobin, positive C-reactive protein. Images of pre & post treatment B-mode ultrasound scans are shown in Figure 1 and Figure 2 respectively.

The patient was admitted and was placed on topical combination of steroidal and nonsteroidal anti-inflammatory medication; topical cycloplegic; parenteral methylprednisolone in normal saline infusion given slowly over 30mins.

Daily ward review of the left eye over the 3days of admission showed the following evaluations: Improved visual acuity from perception of light to

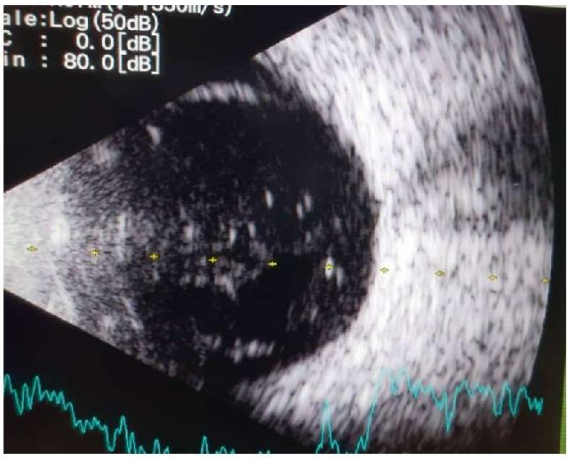

Figure 1: Before treatment reveals multiple echogenic foci suggestive of Bechet Panuveitis Disease

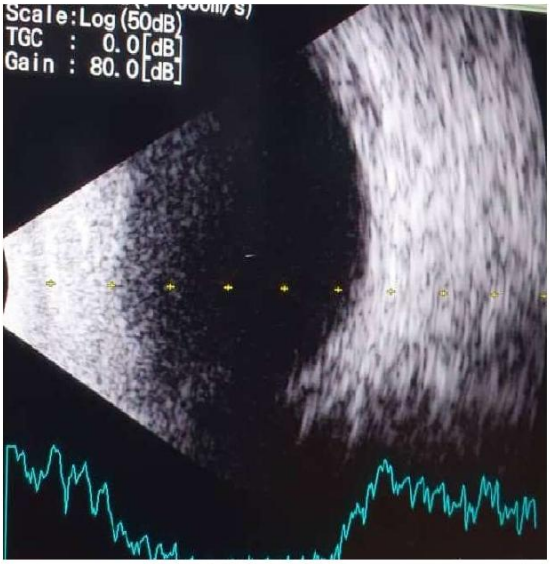

Figure 2: After treatment revealed complete resolution of echogenic foci previously seen

6/9 OS and quiet anterior chamber over 3 days on admission.

Conclusion: Behcet's disease may cause either anterior uveitis or posterior uveitis, and sometimes causes both at the same time[4]. This reported case has both left eye anterior and posterior uveitis. Anterior uveitis results in pain, blurry vision, light sensitivity, tearing, or redness of the eye[5] as also seen in this case.

References

1. Davatchi F, Chams-Davatchi C, Shams H, Shahram F, Nadji A, Akhlaghi M, *et al.* Behcet's disease: epidemiology, clinical manifestations, and diagnosis. Expert Rev Clin Immunol. 2017 Jan. 13 (1):57-65.
2. Demirkesen C, Tüzüner N, Mat C, Senocak M, Büyükbabani N, Tüzün Y, *et al.* Clinico-pathologic evaluation of nodular cutaneous lesions of Behçet syndrome. Am J Clin Pathol. 2001 Sep. 116 (3): 341-346.
3. Abdulaal MR, Abiad BH, Hamam RN (2015) Uveitis in the aging eye: Incidence, patterns, and differential diagnosis. Journal of ophthalmology 2015.
4. Abdulaal MR, Abiad BH, Hamam RN (2015) Uveitis in the aging eye: Incidence, patterns, and differential diagnosis. Journal of ophthalmology 2015.
5. Ajaiyeoba A, Isawumi M, Adeoye A, *et al.* (2006) Prevalence and causes of eye diseases amongst students in south-western Nigeria. Annals of African Medicine 5: 197-203.
6. Zheng Y, Zhang L-X, Meng Q-L, *et al.* (2015) Clinical patterns and characteristics of uveitis in a secondary hospital in southern China. Int J Ophthalmol 8: 337-341.