Introduction

Behcet's disease (BD) is a chronic, relapsing, inflammatory vascular disease with no pathognomonic test. BD is named after the Turkish scientist who first discovered it. Behcet's disease is believed to be an autoimmune over-reaction to either an infectious or environmental insult in a subset of patients that is genetically predisposed with a HLA-B51 genetic risk factor. BD typically presents in the third and fourth decade of life with no specific sex predilection.1,2,3

Case Study

62-year old Turkish male who presented with history of the recurrent oral ulcers and penile ulcer (not pictured per patient's request).

- 10/7/19: The patient went to a walk-in clinic due to oral ulcers and a blister on his penis. The patient was told he most likely had Herpes and was prescribed Valacyclovir for treatment.
- 10/8/19: Woke up with back pain radiating to the right side of the mid-thoracic area for minutes.
- 10/23/19: Ulcers healing on his lips and tongue.
- 10/24/19: Mild right thoracic pain; Kidney stones confirmed by CT scan.
- 10/30/19: Presented to office to establish care with one oral ulcer and was healing well.

The patient described two separate similar episodes of oral ulcerations over the previous year. The mouth ulcers started gradually in the buccal cavity, tongue, and lips without bleeding or discharge. There have been periods of complete healing and recurrences. The chronological order of the development of his oral aphthae is shown in the illustrated pictures:

Discussion

BD is a clinical diagnosis as defined by both the International Study Group for Behcet's Disease (ISGBD) and the International Criteria for BD (ICBD):

1. ISGBD requires the presence of recurrent oral aphthae (≥3 times in 1 year) with at least two of the following criteria:
   a. Recurrent genital aphthae (aphthous ulceration or scarring)
   b. Eye lesions (retinal vasculitis, cells in vitreous, or uveitis)
   c. Skin lesions (papulo-pustular lesions, pseudo-vasculitis, acniform nodules, erythema nodosum)

2. ICBD classified BD as patients with ≥4 points based on criteria of 6:
   a. Ocular lesions, oral aphthosis and genital aphthosis are each assigned 2 points
   b. Skin lesions, central nervous system involvement and vascular manifestations are 1 point each
   c. The pathergy test, when used, is assigned 1 point.

The diagnosis of BD was made according to the ISGBD criteria4. Based on the presence of recurrent oral aphthae (≥3 times in 1 year) together with recurrent genital aphthae and the patient’s self-reported skin lesions. The patient currently requires no treatment as his disease course is in remission. Treatment includes close monitoring with steroids or the combination of steroids and immunosuppressant drugs when vital organs are involved.5

References