

## Case 6: Behçet Syndrome

**Berkan Armağan,** A 40-year-old man, married with 2 children

**MD**

ORCID: 0000-0003-4409-059X

- Place of birth: Mardin - Place of residence: Ankara
- Medical history:
- No additional disease
- 10 pack-years of cigarettes
- Family history:
- Father: Behçet's syndrome (+)
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The patient suffered to the external center dermatology department in 2005 with recurrent genital ulcers. He had oral ulcers 1-2 times a month for 2 years, also active acneiform lesions that are continuous on the back, and erythema nodosum like lesions (EN) within 10 days ago. He did not describe any uveitis, deep vein thrombosis, gastrointestinal, neurological or joint involvement. The pathergy test was negative. In his examination, there was one active oral ulcer, one genital ulcer and scar and a 2 cm hyperpigmented lesion compatible with EN on both legs. Other system examinations were normal. As treatment was given colchicine 3x0.5 mg/day with short-term methylprednisolone. Mucocutaneous complaints of the patient regressed with treatment.

The disease activity of the patient at the time of diagnosis was calculated 4 with using the Behçet Disease Current Activity Form. (Positive symptoms; Oral ulcer, genital ulcer, erythema nodosum, acneiform lesion)

The patient, who did not have regular follow-up between 2005 and 2015, applied to the ophthalmology clinic in September 2015 due to decreased vision and pain in the right eye. In the eye examination, active anterior uveitis in the right eye was detected and the patient was referred to the rheumatology department. During this period, the patient's oral ulcers occurred once a month. His last oral aphthae was 2 weeks ago. On his examination, he could not perform left foot dorsiflexion. He had no additional complaints or examination findings. The patient's drop foot was developed after intramuscular muscle injection 4 weeks ago, so it was not considered to be related to Behçet's disease. Except for topical treatments recommended by the ophthalmology department, azathioprine 100 mg/day and methylprednisolone 8 mg/day were added to the colchicine treatment.

The disease activity of the patient at that time was calculated 2 with using the Behçet Disease Current Activity Form. (Positive symptoms; Oral ulcer, and decreased vision and pain on the right eye)

In 2017, the patient applied to the rheumatology outpatient clinic with the complaint of pain and swelling in the left leg for the past 3 days. He had stopped all of the treatments for 7 months. During that period, he also complained oral ulcers 2-3 times a month. On physical examination, there was a diameter difference and redness in his left leg. Arterial pulses were palpable. Left foot dorsiflexion strength was similar to the previous examination. Other system examinations were normal.

There was an acute thrombosis in the left main femoral and superficial femoral vein in the lower extremity venous Doppler USG. Thoracic-Abdominal CT angiography was normal. The patient's treatment was arranged as azathioprine 150 mg/day, methylprednisolone 32 mg/day and colchicine 2x0.5 mg/day without anticoagulant.

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The disease activity of the patient at that time was calculated 2 with using the Behçet Disease Current Activity Form. (Positive symptoms; Oral ulcer, and pain and swelling in the left leg).