Recognizing Behçet's Disease

Behçet's Disease (or Behçet's Syndrome) is a chronic, multisystem inflammatory disease with a range of recurring and remitting manifestations that can occur nonconcomitantly.[1] Mucocutaneous lesions are the hallmark of this disease, and painful, recurrent, oral ulcers are the most common initial manifestation, affecting 98% of people with Behçet's Disease.[1-4]

Diagnosis of Behçet's Disease relies on the exclusion of numerous alternative diagnoses.[1] In addition, there are diagnostic criteria established by the International Study Group (ISG) for Behçet's Disease that can help aid in diagnosis[5]:

- The presence of recurrent oral ulceration, plus at least 2 of the following clinical features observed by the patient or physician: recurrent genital ulceration, eye lesions, skin lesions, or a positive pathergy test, which is read by a physician at 24 to 48 hours posttest

Refer to the ISG criteria for complete information in making a diagnosis.[5]

Oral ulcers are the most common first manifestation of **Behçet's Disease** and could be the first step to a possible diagnosis[1-5]

The following manifestations can be considered during your patient's evaluation[3,5]:

- Recurrent oral ulcers
- Skin lesions
- Recurrent genital ulcers
- Ocular disease
- Arthritis (arthralgia)
- Vasculitis
- GI lesions
- Neurological lesions

Other considerations may include genetic and/or environmental factors[2]:

- A family history of Behçet's Disease can be associated with an earlier age of onset[6]
- Behçet's Disease is most prevalent in people of Middle Eastern and Far East Asian descent[2]
- It is thought that infectious or environmental agents, such as pollution, bacteria, and/or viruses, may exacerbate Behçet's Disease[1,2,4,7]

To learn more about Behçet's Disease, visit **BehcetsConnection.com**

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References: 1. Zeidan MJ, Saadoun D, Garrido M, Klatzmann D, Six A, Cacoub P. Behçet's disease physiopathology: a contemporary review. *Autoimmun Highlights.* 2016;7(1):4. **2.** Leonardo NM, McNeil J. Behcet's disease: is there geographical variation? A review far from the Silk Road. *Int J Rheumatol.* 2015;2015:945262. **3.** Barnes CG. History and Diagnosis. In: Yazıcı Y, Yazıcı H, eds. *Behçet's Syndrome.* New York, NY: Springer; 2010;7-34. **4.** Cho SB, Cho S, Bang D. New insights in the clinical understanding of Behçet's disease. *Yonsei Med J.* 2012;53(1):35-42. **5.** International Study Group for Behçet's Disease. Criteria for diagnosis of Behçet's disease. *Lancet.* 1990;335(8697):1078-1080. **6.** Hatemi G, Seyahi E, Fresko I, Talarico R, Hamuryudan V. One year in review 2017: Behçet's syndrome. *Clin Exp Rheumatol.* 2017;35(suppl 108):S3-S15. **7.** Galeone M, Colucci R, D'Erme AM, Moretti S, Lotti T. Potential infectious etiology of Behçet's disease. *Pathology Research Int.* 2012;2012:595380.