

# Recognizing Behçet's Disease

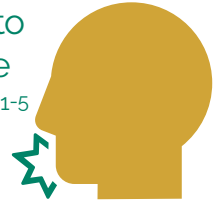
**Behçet's Disease** (or Behçet's Syndrome) is a chronic, multisystem inflammatory disease with a range of recurring and remitting manifestations that can occur nonconcomitantly.<sup>1</sup> Mucocutaneous lesions are the hallmark of this disease, and painful, recurrent, oral ulcers are the most common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

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

- 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.<sup>5</sup>

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



## The following manifestations can be considered during your patient's evaluation<sup>3,5</sup>:

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

## Other considerations may include genetic and/or environmental factors<sup>2</sup>:

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

To learn more about Behçet's Disease, visit [BehcetsConnection.com](http://BehcetsConnection.com)

Help raise awareness with **#BehcetsConnection**

**References:** 1. Zeidan MJ, Saadoun D, Garrido M, Klatzmann D, Six A, Cacoub P. Behçet's disease pathophysiology: a contemporary review. *Autoimmun Highlights*. 2016;7(1):4. 2. Leonardo NM, McNeil J. Behçet'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: Yazici Y, Yazici 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.

