

Recognizing Behçet's Disease

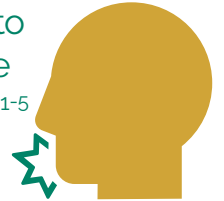
Behçet's Disease (or Behçet's Syndrome) is a chronic, multisystem inflammatory disease with a range of recurring and remitting manifestations that can occur nonconcomitantly.¹ Mucocutaneous lesions are the hallmark of this disease, and painful, recurrent, oral ulcers are the most common initial manifestation, 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 diagnosis⁵:

- 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 diagnosis¹⁻⁵



The following manifestations can be considered during your patient's evaluation^{3,5}:

- 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 factors²:

- A family history of Behçet's Disease can be associated with an earlier age of onset⁶
- Behçet's Disease is most prevalent in people of Middle Eastern and Far East Asian descent²
- 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. 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.