Title ; A Case of Behcet's Disease masking with B-Symptoms

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Behcet's disease is an inflammatory systemic vasculitis of unknown etiology, characterized by recurrent oral and genital ulcers, ocular manifestations, and involvement of vessels of all sizes (1). The rarity of this condition poses a diagnostic challenge especially when masked by other symptoms.

A 36-year-old female presented with fever, fatigue, night sweats, arthralgias, tender rashes on the lower extremities, recurrent oral and genital ulcers with a rapid progression in symptoms in the past four months. Physical examination revealed an aphthous ulcer on the tongue, Gottron papules on the dorsum of the hand, non-deforming joint pain, erythema nodosa bilaterally on the shins. Remarkable clinical laboratory findings include hemoglobin of 10.0 g/dL, hematocrit 30.5%, white blood cell count of 16.7 g/dL, erythrocyte sedimentation rate (ESR) of 130mm/hr., C-reactive protein (CRP) of 6.24mg/dL, prothrombin time (PTT) 15.9, international normalized ratio (INR) of 1.3, creatine kinase (CK) 22IU/L, HSV 1 IgG 28.5, HSV 2 IgG 2.08. Other laboratory investigations included thyroid panel, hepatic and renal function panel, electrolytes, HIV RNA, antinuclear antibodies (ANA) , aldolase, lactate dehydrogenase (LDH), QuantiFERON Gold, T. Pallidum antibody, gonorrhea and chlamydia NAAT were within normal limits.

Her chest X-ray was unremarkable. EKG revealed sinus tachycardia . Echocardiogram showed a normal left ventricle size, with normal diastolic filling and an ejection fraction (EF) of 60%.

Given the patients recurrent oral and genital ulcers, erythema nodosa, elevated markers of inflammation, a diagnosis of Bechet's disease was made according to the International Study Group (ISG) diagnostic criteria (2) . Furthermore, after blood draw at the laboratory, the patient reported to the office with concerns of small red bumps under the area of needle insertion , signifying a positive pathergy test.

This patient presented with underlying B symptoms which broadened the differentials for clinical investigation, masking the underlying pathology. Early recognition and diagnosis of the condition is important to initiate prompt management to improve the patient’s quality of life. The current treatment plan for the patient is initiation of Colchicine for prevention of the recurrence of ulcers.

Keywords ; Behcet’s disease, oral ulcer, erythema nodosa, International Study Group (ISG).

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