# BEHÇET'S DISEASE AND CLINICAL, LABORATORY, AND IMAGING FINDINGS WITH A FOCUS ON THE RETINA: A CASE REPORT

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# ABSTRACT


- Behçet's disease, described by Prof. Dr. Hulusi Behçet in 1937, is a recurrent autoimmune vasculitis affecting vessels of any size, with variable clinical manifestations. It is characterized by oral and genital ulcers, along with potential involvement of the eyes, joints, skin, blood vessels, and nervous system. It primarily affects young adults aged 25 to 35, with a more severe impact on males. Early diagnosis and appropriate treatment are crucial for prognosis, as there are no reliable laboratory tests for diagnosis. The International Study Group for Behçet’s Disease developed an auxiliary diagnostic score in 1990.

# MATERIALS AND METHODS

- A 61-year-old male patient presented to the ophthalmic emergency department with complaints of reduced vision in the right eye for the past 20 days, along with oral aphthous lesions. He reported a history of recurrent aphthae and genital lesions for over 45 years, with concomitant hypertension and type 2 diabetes mellitus but no significant ophthalmic history.

- On examination, visual acuity in the right eye was hand motion, and 20/20 in the left eye. Anterior segment examination of the right eye showed hyperemic conjunctiva, clear cornea with endothelial keratoplasties, and posterior synechiae. Fundoscopy revealed normal cup-to-disc ratio, macular edema, occlusive periphlebitis, hemorrhages, tortuous vessels, and retinal detachment with vitreous hemorrhage.

# RESULTS

- Angiography and OCT imaging were difficult due to media opacity. The HLA-B51 allele test was positive for Behçet's disease. The patient has been under follow-up in the uveitis, retina, and rheumatology outpatient clinic, showing clinical improvement (visual acuity right eye counting fingers at 3 meters, left eye 20/20) with visible fundus. He is currently on Hydroxychloroquine 400 mg/day and Azathioprine 50 mg/day (2 capsules).
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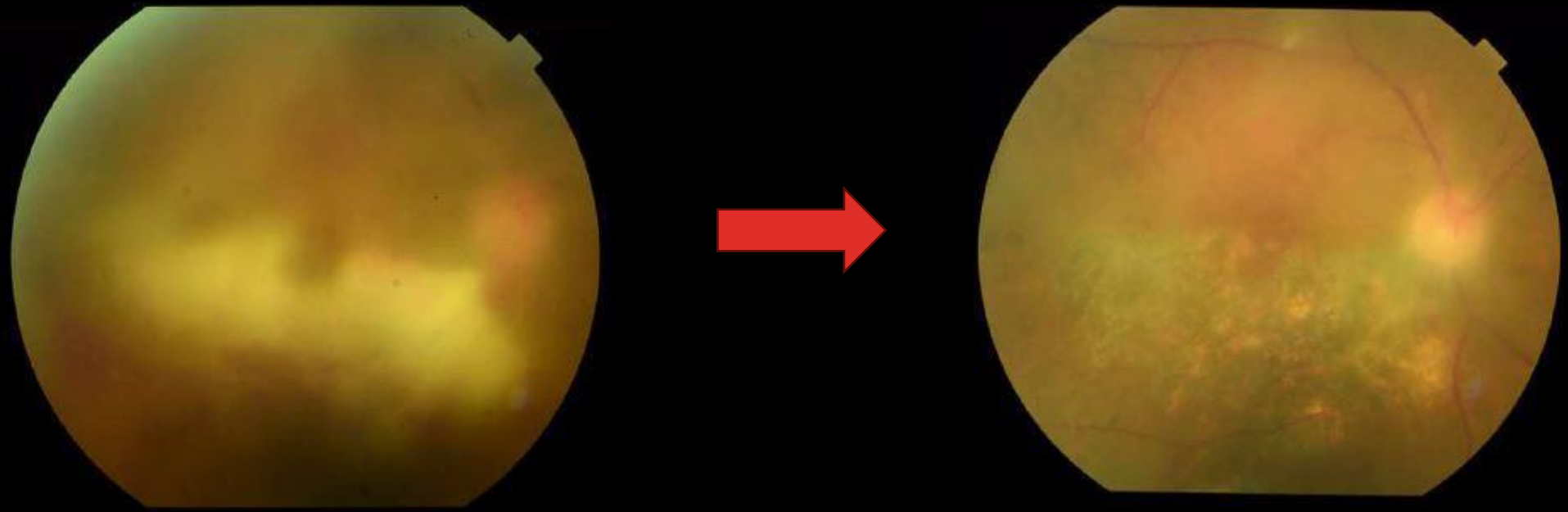

# CONCLUSION

- Behçet's disease is a multisystemic inflammatory syndrome affecting vessels of various calibers. The diagnosis relies on chronic manifestations that often arise independently, which are frequently mistaken for sexually transmitted diseases. Therefore, when uveitis is observed by an ophthalmologist, it's crucial to be vigilant for systemic manifestations, aiming for early diagnosis to initiate appropriate therapy and achieve a favorable visual prognosis.