

Case Blog

Title: Behcet Disease

Samia R. Mir, Ishrat H. Dar*, Abdul Q. Rather

Department of Medicine, Govt. Medical College Srinagar, Jammu & Kashmir, India



Figures 1-5: Multiple oral ulcerations about 0.5×1 cm on the dorsum and undersurface of the tongue covered with yellowish dirty slough.

Figures 6 and 7: Show complete healing of the ulcers after oral administration of Azothiaprime @ 2mg/kg/day & Colchicine 0.6 mg three times a day.

Abstract

Behcet disease named after the Turkish dermatologist is a disease of unknown cause with protean manifestations believed to result from vasculitis that involve all types of blood vessels small, medium and large in both the arterial and venous sides of the circulation. Presented here is a 45 year old male with recurrent oral ulcerations on the tongue who was diagnosed to have Behcet's disease.

Case Blog

A 45 year old male presented to our hospital with six months history of recurrent painful oral ulcerations on the dorsum of the tongue and inner aspects of the cheeks without history of rash or ulcers on other parts of the body including the genitals. No history of fever, chills, rigors, joint pain or swelling, periorbital swelling, malar rash, recurrent dysuria or urethral discharge, alteration in bowel habits, betel nut chewing, prolonged drug intake or exposure to toxins and heavy metals was forthcoming. Examination revealed a tall lean thinly built man with multiple oral ulcerations about 0.5×1 cm on the dorsum and undersurface of the tongue covered with yellowish dirty slough (Figures 1-5). Rest of the general physical and systemic examination was unremarkable. Eye examination including slit lamp examination was normal and ruled out uveitis. Routine investigations like urine examination, X-ray chest, blood sugar, kidney function and liver function tests were normal. Complete blood count showed neutrophilia. ANA, anti dsDNA and other vasculitic profile was negative. A Gram's staining/culture revealed Gram +ve cocci sensitive to vancomycin and linezolid. A diagnosis of Behcet disease was made. The patient was started on oral linezolid 600 mg along with metronidazole with a favorable response at the end of two weeks. Definitive therapy in form of corticosteroids (prednisolone) @ 1 mg/kg/day was started and tapered over a period of six weeks. Oral Azothiaprime @ 2 mg/kg/day and Colchicine 0.6 mg three times a day was added and continued till date with complete resolution of the ulcers (Figures 6 and 7).

*Corresponding author: Hussain Dar I, Assistant Professor, Department of Medicine, Govt. Medical College, Srinagar, Jammu & Kashmir, India, Tel: +91 9419042320; E-mail: drishratdar@gmail.com

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