

BECHET'S SYNDROME

(A Case Report)

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Introduction

Behcet's Syndrome is characterized by recurrent cyclical ulcers of the mouth, vagina and anus which are accompanied or followed by iridocyclitis. In the majority of the cases the ulcers are not cyclical and have no relationship to the menstrual cycle. The ulcers are shallow painful with yellow base and scarlet rim. They last for a few weeks and then heal slowly.

Case Report

Mrs. P.A., a 22 years old multiparous patient attended with the chief complaints of (1) Recurrent ulcerations around the genitals, (2) Vaginal discharge since last 3 months.

The complaint started with small painful ulcers on the labia majora, which have healed and reappeared two times over the last 3 months. Since last 20 days the ulcer on the left labia majora has progressively increased in size with multiple satellite ulcers in the vagina. Also present are multiple painful ulcer in the mouth. These ulcers have no relationship with the menstrual cycle. There was severe itching and pain at the ulcer sites. No history suggestive of burning mictoration, pyuria and/or fever. Vaginal discharge is profuse, curdy white with no foul smell since last 3 months.

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Past history rules out previous such attacks. No history of sexually transmitted disease in the husband. Six months before she had severe conjunctivitis, which was completely treated. History of pyoderma at present for which she is treated.

On examination, the oral cavity showed multiple shallow painful ulcers with a central yellow slough surrounded by a red margin. The external genitalia showed a 2 inch size irregular ulcer on the left labia majora. The ulcer base had white slough with scarlet red margins. It was shallow, mobile, painful without any induration in the surrounding area. Multiple similar small ulcers were seen in the vagina and the ectocervix.

Uterus was anteverted normal sized with no adnexal masses. Regional lymph nodes were not palpable. Eyes showed few changes of iridocyclitis as reported by the ophthalmologist. Infective pyoderma scars were present on both legs.

Investigations were done to rule out other causes of STD like: V.D.R.L. negative; scrape smear—no evidence of gonococci, donovion bodies or heamophilus bacilli. Histopathology report of the ulcer showed the underlying stroma with dense mixed cellular infiltration with foci of necrosis. Vascular channels showed hyaline thrombi with vasculitis. The diagnosis of Behcet's Syndrome was established by the Felner & Kantor skin test. 0.5 cc of sterile saline was injected in the skin and a pustule developed at the site denoting a positive result.

The patient was treated with oral antibiotics, local antiseptics, cortiosteroids and anti histaminics. Genital hygiene was also advised. There was no marked improvement for the first seven days following which the symptoms abat-

ed. The ulcers of the mouth and vagina have healed. The large ulcer on the labia majora decreased in size and had a healthy granular base.

Comments

Additional manifestations of the disease are pyoderma, thrombophlebitis, joint pains, hepato splenomegaly and degenerative changes of the CNS.

The probable etiologies of this condition are genetic, viral infection, allergy, autoimmune disease, vitamin deficiency, hormonal imbalance and psychological. The basic vascular disorder seen in this condition is multiple foci of venous thrombosis with vasculitis. Treatment is also empirical which includes:

- (1) attention to oral hygiene; Adminis-

tration of vitamins especially B complex and ascorbic acid. Anti histaminics and tranquilizers are used decrease the pain and inflammatory reaction. Estrogen is found to be of some value as it cornifies the mucosa and corrects the neutropenia. Local antiseptics, antibiotics and corticosteroids are used to clear the secondary infection and encourage healing. Vaccination with smallpox and oral levamisole are tried to modify the immune response which promotes healing.

This condition is not sexually transmitted but mimicks other STD especially Lipschultz ulcers. The diagnosis is to be reached by exclusion of other causes and the classical triad of symptoms. The course of the disease is unpredictable and may be fatal in 2-20 years.