



PREVALENCE OF BEHÇET'S DISEASE IN 384 PATIENTS WITH RECURRENT ORAL APHTHOSSIS, FOLLOWED IN PRIVATE OUTPATIENT INTERNAL MEDICINE



Said EL KETTANI
Liberal internist, Settat, Morocco

Marrakech 18 – 20 Septembre 2024

INTRODUCTION

Recurrent aphthosis is the most common ulcerative disease of the oral cavity. It is often benign and idiopathic. In internal medicine, it must first eliminate Behçet's disease, since it is one of the three major clinical manifestations.

Other systemic pathologies are possible in addition to the contributing factors such as iron and vitamin deficiencies, ulcerogenic drugs, dental trauma and stress. Published series almost exclusively concern patients followed in hospitals.

OBJECTIVE

This work was undertaken to determine the epidemiological, clinical, diagnostic and prognostic particularities of patients with recurrent oral aphthosis according to whether they have BD or not, followed in a private internal medicine practice in Settat.

PATIENTS and METHODS

This is a prospective descriptive study carried out from September 2009 to December 2023. It involved 384 patients with recurrent oral aphthosis, with a mean age of 38.3 ± 12 years, of which 57.3% are female. The diagnosis of MB was based on the International Classification Criteria for MB, revised in 2013.

Patients were divided into two groups, a first group composed of 193 patients (50.3%) with MB and a second group composed of 191 patients (49.7%) without MB. Statistical analysis was performed using SPSS version 20.

RESULTATS

The prevalence of MB in patients with recurrent oral aphthosis is 50.3%. It is not influenced by age ($p = 0.186$) or sex ($p = 0.118$.)

The group of patients with recurrent oral aphthosis with MB is significantly characterized by the exclusive presence of genital aphthosis and ocular involvement ($p < 0.000$) and a significantly higher frequency of skin involvement ($p = 0.001$) and positivity of the pathergic test ($p = 0.004$).

In group two where the diagnosis of MB was not retained, we have 37 patients (19.3%) who have other signs. Thus, 24 or pseudofolliculitis or erythema nodosum, 11 have a positive pathergic test and 2 have thrombophlebitis. Regular monitoring of these patients is imperative to detect MB in time. Furthermore, in some patients, aphthosis can be linked to Gougerot-Sjögren syndrome (3 cases), rheumatoid arthritis (1 case) and ankylosing spondylitis (1 case)

CONCLUSION

The prevalence of MB in patients with recurrent oral aphthosis is 50.3%. This prevalence is not influenced by age or sex. Regular monitoring of patients with oral aphthosis is imperative to detect MB in time before treating it as common aphthosis.

Table:
Characteristics of 384 patients with recurrent oral ulcers according to the presence or absence of Behçet's disease

	Behçet's disease retained N (%)	Behçet's disease not retained N (%)	P
Total	193 (50,3%)	191 (49,7%)	
Women	103 (46,8%)	117 (53,2%)	0,118
Men	90 (54,9%)	74 (45,1%)	
Age	$39,09 \pm 11,64$	$37,47 \pm 12,34$	0.186
Family history	10 (62,5%)	6 (37,5%)	0,317
Genital ulcers	146 (100,0%)	0 (0%)	0,000
Skin involvement	49 (70,0%)	21 (30,0%)	0,000
Pathergic test	30 (71,4%)	12 (28,6%)	0,004
Joint damage	35 (59,3%)	24 (40,7%)	0,130
Digestive lesions	3 (100,0%)	0 (0,0%)	0,084
Thrombophlebitis	8 (80,0%)	2 (20,0%)	0,057
Neurological manifestations	5 (62,5%)	3 (37,5%)	0,484