Regional Register of Behçet Disease in northern Morocco

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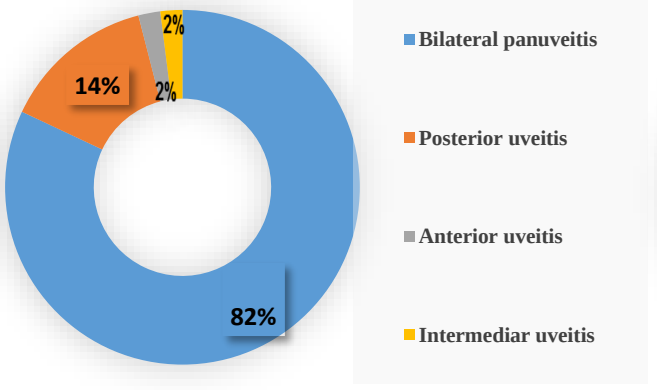
Backgroud: Behçet's disease is a chronic multisystem inflammatory vasculitis, which affects arteries and veins of all sizes, and evolves in a pushing mode remission. The epidemiology of this disease varies greatly depending on the geographical location and the ethnic group and registers are mandatory.

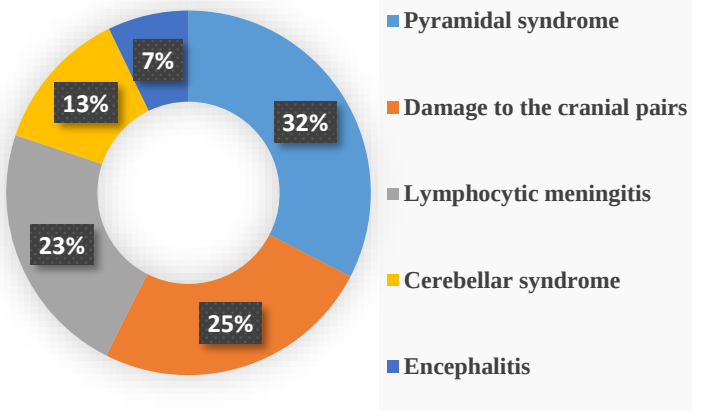
Material and methods:
The creation of the northern register in our country was done by including all patients who have met the diagnostical criteria for Behçet's disease according to international criteria reviewed in 2013. Those patients were cared for in the departments of Internal Medicine, Neurology or Oophthalmology, in the University Hospital of Tangier over a period of 5 years extending from April 2019 to April 2024.

Results:
The total number of patients was 108, with a median age of 34 years [28;41] and a male predominance (77 men, 31 women). The sex ratio was 2.4.
Mucocutaneous damage was represented by: oral aphthosis in 86.1% of cases (n=93), genital aphthosis in 54.6% of cases (n=59), pseudofollicular lesions in 17.5% of cases (n=19) and erythema nodosum in 6.4% of cases (n=7).
Cardiac involvement was present in 06 patients, of which 4 patients had an intracardiac thrombus, while 2 patients had myocarditis.

Ocular damage



Neurogical damage



Vascular damage

Deep vein damage	72%
Deep vein thrombosis	12%
Thrombosis of VCS	7%
Thrombosis of VCI	5%
Thrombosis of supraclavian veins	3,5%
Thrombosis of the jugular veins	2%

Arterial damage	28%
Aneurysm of the pulmonary arteries	50%
Aneurysm of the aorta	31%
Arterial thrombosis	18%

For therapeutic management, 70.3% were on colchicine, 72.2% on oral corticosteroid therapy, 53.7% received boluses of methyprednisolone, 50% received courses of cyclophosphamide, 56.4% on azathioprine and 5.5% received infliximab. 40.7% received curative anticoagulation, 97% of which by an AVK and only one patient was on rivaroxaban.

For the evolution of the patients, 41.6% had a partial remission, 24.07% were in relapse, 14.8% had complete remission and 17.5% failed to come back for a follow-up.There were 3 deaths, 2 from myocarditis and 1 from ruptured pulmonary aneurysm.

Conclusion: Our experience during data collection encouraged us to seek a better collaboration between the different services that support Behçet's disease, which will in turn help us unify the methods of monitoring patients, better detect, and treat serious illnesses