Behçet's disease: experience in an internal medicine department

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INTRODUCTION

Behçet's disease (BD) is a multi-systemic vasculitis of unknown etiology affecting vessels of all calibers, both veins and arteries.

The aim of our study is to describe the epidemiological, clinical, therapeutic and evolutionary profile of this disease.

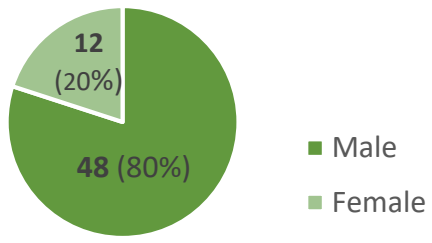
PATIENTS AND METHODS

This is a retrospective, descriptive study conducted in the internal medicine department B of the Mohammed V military training hospital in Rabat, covering all patients hospitalized for MB over a 5-year period from 2019 to January 2024.

RESULTS

EPIDEMIOLOGY

v **N : 60**
v **Average age =** 30 +/- 8 years [12y-50y]



v **Sex ratio M/F = 4**

CLINICAL PROFIL

	%
Mucocutaneous manifestations :	
Oral/bipolar aphthosis	100 %
Pseudo-folliculitis	26,6 %
Pathergy test	25 %
Erythema nodosum	10 %
Joint involvement (arthralgia/arthritis)	56,7 %
Ocular damage :	45%
Anterior uveitis	23,3 %
Posterior uveitis	13,3 %
Retinal vasculitis	15 %
Central retinal occlusion	3 %
Other: episcleritis, keratitis...	5 %
NeuroBehcet (headaches, pyramidal sd, meningoencephalitis...)	18,3 %
AngioBehcet :	40 %
Deep Vein Thrombosis	26,6 %
Cerebral thrombophlebitis	3 %
Arterial affection (aneurysm++, thrombosis)	11,6 %
Heart disease	3 %
EnteroBehcet (abdominal pain, ulcerative mucositis, etc.)	15 %
Psychic manifestations	11,6 %

TREATMENT

	%
Colchicine	97 %
Corticotherapy	80 %
Anticoagulants	31 %
Azathioprine	40 %
Methotrexate	5 %
Cyclophosphamide	5 %
Biotherapy (Anti-TNF +++)	10 %

EVOLUTION

	%
Favourable trend/stabilization	70 %
Bad trends/relapses	18,3 %
Fatalities	3,3 %
Lost from sight	8,3 %

CONCLUSION

Our study confirms the clinical polymorphism of MB, which encompasses various systemic disorders, the most serious of which are vascular, ocular, neurological and digestive, justifying the use of immunosuppressive drugs with varying degrees of mortality.