The Lethal Impact of Behçet's Disease: Insights from a Decade of Observations

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Introduction

Behçet's disease is a systemic vasculitis affecting blood vessels of various calibers, leading to recurrent oral ulcers, genital ulcers, and uveitis. Historically common along the Silk Road, it is now becoming more prevalent in North America and Europe. The disease varies widely in terms of symptoms, progression, and treatment response. In some cases, potentially life-threatening complications can arise, ultimately resulting in death. Our Internal Medicine and Clinical Hematology department in Rabat documents cases where patients with Behçet's disease have experienced adverse outcomes, including death.

Patient and Methods

This is a monocentric, retrospective, descriptive, analytical, and observational study conducted in the Internal Medicine department at CHU Rabat over a period of 10 years, from January 2012 to January 2022. We reviewed 531 patient records for Behçet's disease. Statistical analysis was performed using JAMOVI version 1.6 and statistical tests, including chi-square, Fisher's exact test, and
Student's t-test

Resultats

In our series, 14 patients with Behçet's disease died. The average age was 40 years, with a male-to-female ratio of 13:1. All deceased patients had bipolar aphthous lesions as cutaneous manifestations. Among them, 11 had ophthalmic involvement, primarily posterior uveitis, and 13 had vascular involvement, including carotid artery involvement, femoral vein thrombosis, and 6 had aneurysms of the pulmonary arteries. Other causes of death included infections, with two patients on biologic therapy for ophthalmic involvement who died in the intensive care unit.

Behçet's disease-related mortality was statistically associated with vascular complications, notably pulmonary artery aneurysms (p = 0.042) and carotid artery aneurysms (p = 0.001).

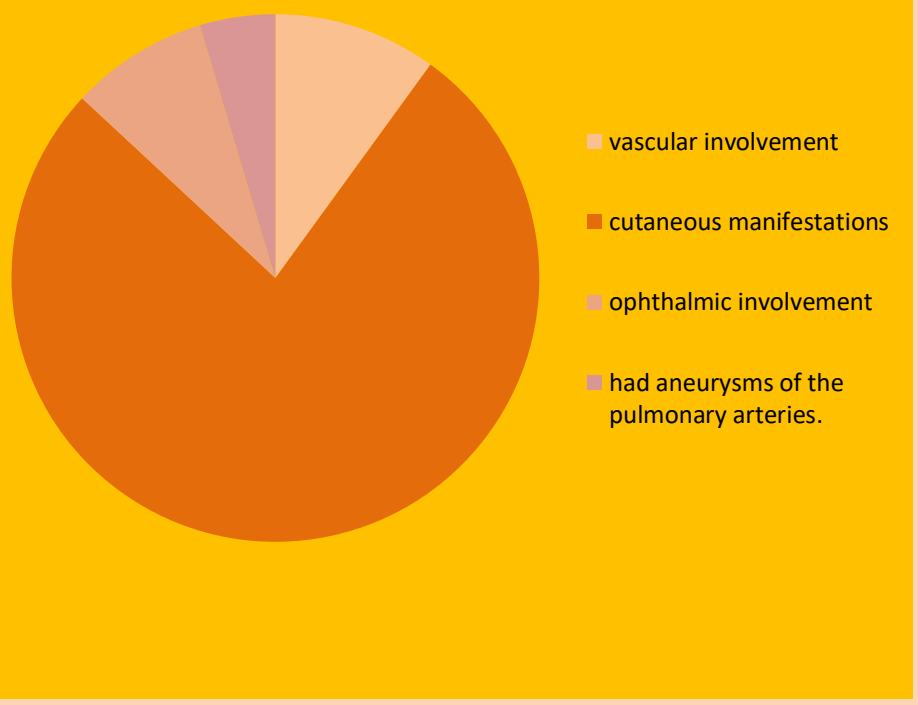

Figure 1 : Graphic showing the findings in patients with elevated mortality associated with Behçet's disease

Discussion

Our results indicate that mortality in Behçet's disease patients is primarily due to arterial vascular involvement. These complications can sometimes be iatrogenic and exacerbate immunosuppressive treatments, leading to severe infections as observed in two of our patients. Unfortunately, we cannot precisely calculate the excess mortality for Behçet's patients due to the lack of a national registry and epidemiological data.

Conclusion

Behçet's disease is a severe vasculitis with potentially extremely grave consequences, lea
ding to patient death.

References

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