

Clinical and Epidemiological Characteristics of Adamantiades-Behçet Disease in a Moroccan Cohort





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Introduction

This study aims to analyze the demographic data, frequency of manifestations, familial occurrence, clinical and prognostic signs in Moroccan patients diagnosed by the end of 2023.

Discussion

The cohort consisted of 72 males and 39 females. 109 patients were of Moroccan descent, one was from Libya, and one had unknown origin. Family history was positive in 36.1%. Oral aphthae were present in 99.1% and were the most common initial symptom in 89.0%. Cutaneous lesions were prevalent overall in 90.1%, with folliculitis in 88.2%, erythema nodosum in 27.5%, and superficial thrombophlebitis in 13.5%. Ocular manifestations, incl. hypopyon and retinitis, were notably frequent affecting 67.9%. As second most common initial manifestations, retinitis occurred in 3.7% and hypopyon-iritis in 2.8%. Genital ulcers were observed in 61.1%, being the most common 2nd symptom in the course (32.7%). Other 2nd symptoms during the disease course included retinitis (12.7%), hypopyon-iritis (7.3%), and cutaneous manifestations such as folliculitis (13.6%) and erythema nodosum (7.3%). Arthritis was confirmed in 29.7%, though joint pain was reported in 78.5%. Neurological manifestations were documented in 76.4%, most frequently as headache, though 25.5% were confirmed as CNS manifestations (e.g., via EEG or as meningoencephalitis). Other manifestations included gastrointestinal in 21.5%, vascular manifestations in 30.0%, epididymitis in 22.1%, cardiac in 12.4%, pulmonary in 6.6% and renal involvement in 3.0%. Pathergy test was performed on 87 patients and was positive in 67.6% of the cohort (86.2% of those tested). Most severe complications included blindness in 12% (n=12), meningoencephalitis in 11.0%, lung bleeding in 2% (n=2), and 2 deaths (2%).

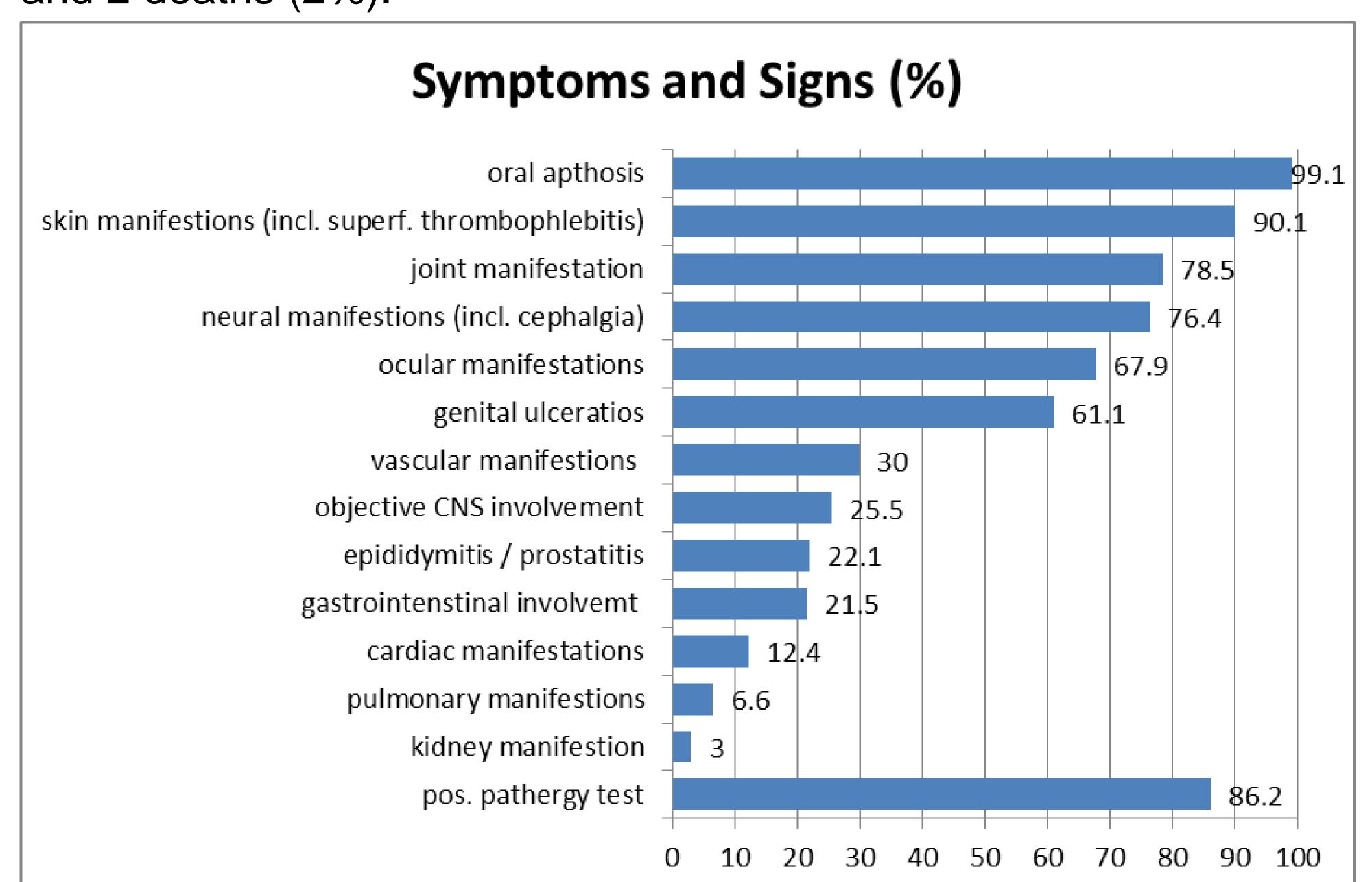


Figure 1: Frequencies of Symptoms and Clinical Signs in the Moroccan Cohort (n=111)

Method

A total of 111 patients with Adamantiades-Behçet Disease (ABD), permanently residing in Morocco, were documented.

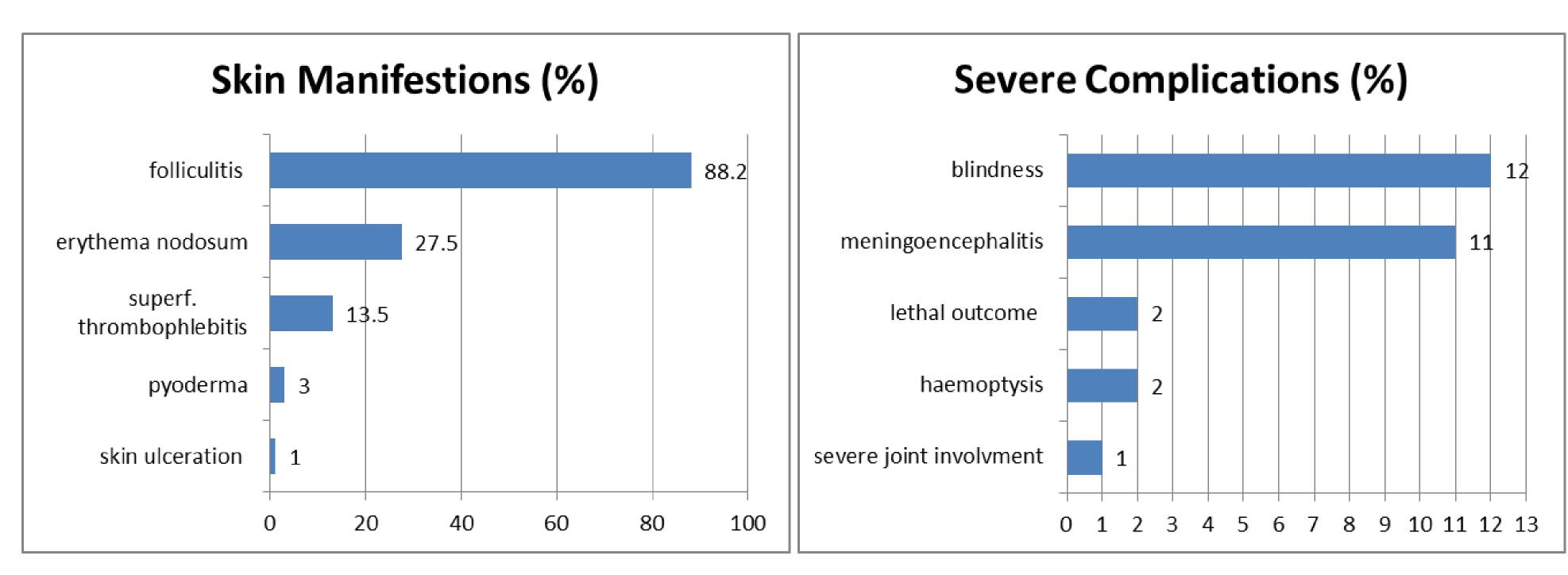


Figure 2: Skin Manifestations in the Moroccan Cohort

Figure 3: Severe Complications in the Moroccan Cohort

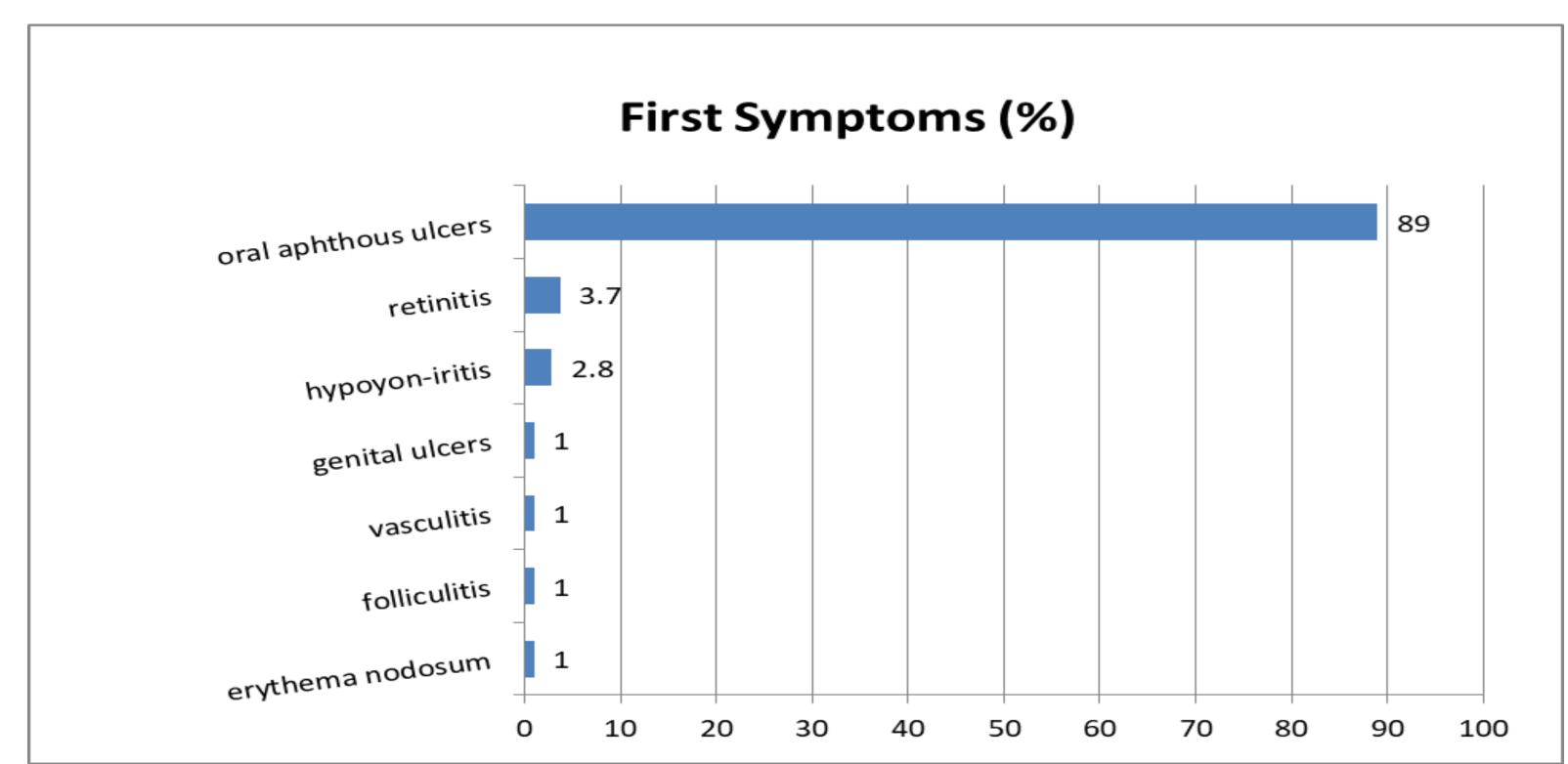


Figure 4: Frequencies of First Symptoms in the Disease Course

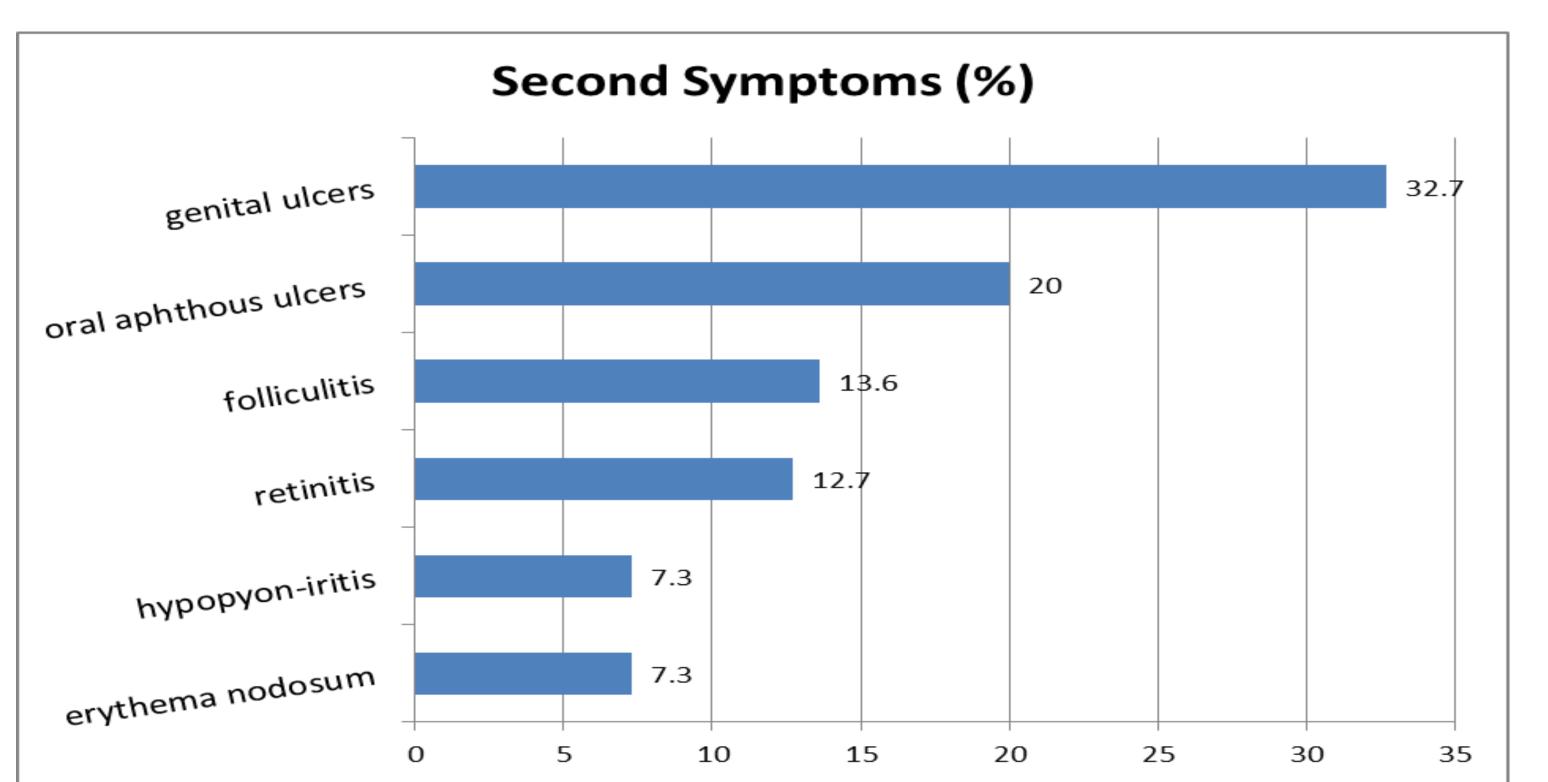


Figure 5: Frequencies of Second Symptoms in the Disease Course

Conclusion

ABD in the Moroccan cohort exhibits a high prevalence of mucocutaneous and ocular manifestations, with significant familial occurrence in 36.1%.

