

# Case Report on Ulcerative Lesion? Behçet's Disease

Dr Vijayalakshmi B<sup>1</sup>, Dr Aparna Prakash Annapur<sup>2</sup>, Dr Amreen Taz<sup>3</sup>, Dr E Govindaraja<sup>4</sup>

<sup>1</sup>Professor, Department of Obstetrics and Gynaecology, Ballari Medical College and Research Centre, Ballari 1

<sup>2</sup>Postgraduate, Department of Obstetrics and Gynaecology, Ballari Medical College and Research Centre, Ballari2,

<sup>3</sup>Postgraduate, Department of Obstetrics and Gynaecology, Ballari Medical College and Research Centre, Ballari3,

<sup>4</sup>Professor and HOD, Department of Surgical Oncology, Ballari Medical College and Research Centre, Ballari

**Abstract:** Behçet's Disease (BD) is an inflammatory disease of unknown etiology with multisystem involvement. The main clinical manifestations are recurrent oro - genital ulcers and uveitis. The disease manifest as a chronic - relapsing and remission course like other autoinflammatory diseases and it has significant morbidity and mortality. Exposure to an infectious or an external agent (like allergens) initiates an auto - inflammatory response in genetically predisposed individuals.

**Keywords:** Behçet's Disease, inflammatory disease, recurrent ulcers, autoinflammatory response, multisystem involvement

## 1. Case Report

A 16 year old girl came to the Dept of OBG, BMCRC on 18/07/2024 with complaints of an ulcerative lesion in the vulvar region. Associated with pain and burning sensation in the wound site. Previously admitted in a private hospital for similar complaints where she was diagnosed as Bartholin's cyst and excision of cyst done 5 months prior following

which the lesion did not heal and was increasing to the present size along with increased pain. On examination, an ulcerative lesion of size 8\*6 cm noted in the left labia with foul smelling purulent discharge with history of severe pain. Patient was admitted, investigated and treatment for ulcer was done. Investigations sent include routine (CBC, serology and blood grouping) and pus from the wound site for culture and sensitivity. Patient was treated with appropriate antibiotics (T Nitrofurantoin as per C/S).

On admission – genital ulcer



Orocutaneous ulcer



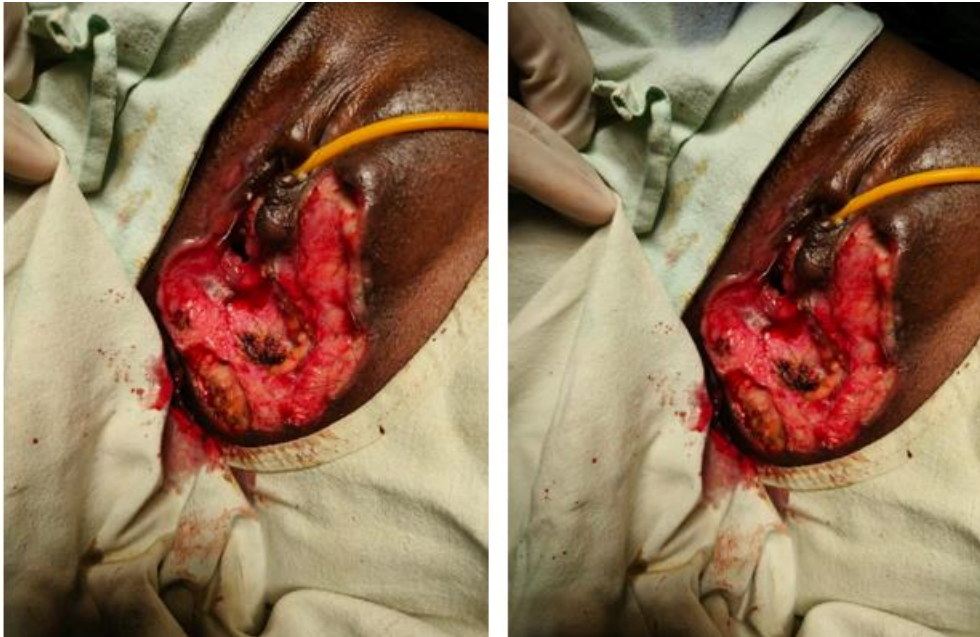
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Multi speciality approach was done. Dermatology opinion, ophthalmology, ENT and surgery opinion was sought. Patient was posted for wedge biopsy and specimen was sent for HPE and culture sensitivity.

**Wedge Biopsy**



**2. Diagnosis**

**Acute necrotising inflammatory lesion – Erythema Nodosum like lesion**

**Investigations**

Investigations	Findings
Hb	14.0g%
PC	4.06 cells/mm <sup>3</sup>
TC	17000 cells/mm <sup>3</sup>
Blood Group	O Positive
RBS	70 mg/dl
HIV	Non reactive
HbsAg	Non reactive
VdRL	Non reactive
LFT	WNL
RFT	WNL
Pathergy Test	Negative
Histopathology Report (specimen – vulval skin ulcerative lesion) – Wedge Biopsy	Acute necrotising inflammatory lesion – Erythema Nodosum like lesion
Vaginal swab for AFB	Negative
Vaginal swab – Gram Staining	Gram positive cocci and Gram negative Bacilli seen

**Treatment Received**

- a) Antibiotics
  - Inj Amikacin 500mg IV BD
  - Inj Metronidazole 400mg iv TID
  - T Nitrofurantoin 100mg PO BD
- b) Inj Dexamethasone 8mg IV TID
- c) Betadiene douching

**Treatment on discharge**

- Steroids (T Dexamethasone 10 BD PO)
- Supplements to improve nutritional status
- Personal and perineal hygiene

**Wound – Day 7**



Patient was called for follow up in the OPD (swab for culture and sensitivity – candida species isolated) and was started on Candidal vaginal ointment in view of local candidal infection.

**Wound – Day 15**



**Wound Day – 21**



**Wound – after 1 month of wedge biopsy**



Patient is currently on oral steroids (Tab Dexamethasone 10mg OD)

**3. Discussion**

Cell - mediated immunity plays an important role in the pathogenesis of the disease. Type 1 helper T (Th1) cell activation leads to increased circulating levels of T - lymphocytes, accounting for various signs and symptoms of Behcet disease. Pro - inflammatory cytokines, including IL - 1, IL - 8, IL - 12, IL - 17, IL - 37, and TNF are increased in Behcet disease. Increased macrophage activation, neutrophil chemotaxis, and phagocytosis have been

observed in local lesion. Oral mucocutaneous lesions, including oral aphthae, skin pustules, and erythema nodosum (common on the lower extremity), are due to increased neutrophil activation leading to a neutrophilic vascular reaction and tissue injury. Genital ulcers occur on the scrotum (90%) in males and the vulva or vagina in females. Genital lesions are seen in more than 80% of patients with Behçet disease. These lesions are 70% more recurrent as compared to oral lesions. These lesions heal with scarring. Other cutaneous manifestations that have been described include pyoderma gangrenosum - like lesions, pustular vasculitic lesions, cutaneous small - vessel vasculitis and Sweet syndrome.

#### Differential Diagnosis

- Inflammatory Bowel Disease
- Seronegative arthritis
- Systemic Lupus Erythematosus (SLE)
- Herpetic Lesion
- Behçet - type disease manifests in patients treated with interleukin (IL) 17 inhibitors

#### 4. Prognosis

Behçet disease has no cure and is associated with significant morbidity and mortality. Poor prognosis and higher mortality are related to the male sex and younger age of onset. Major causes of mortality include ruptured pulmonary aneurysms, peripheral aneurysms and neurologic and gastrointestinal involvement. Renal involvement especially amyloidosis, also carries a poor prognosis. More than 60% of patients go into remission after passing the initial years when the disease is most active.

#### References

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