ORIGINAL RESEARCH PAPER

General Surgery

BEHCET'S DISEASE PRESENTING AS ACUTE SCROTUM IN A YOUNG MALE: A CLINICAL CASE REPORT.

KEY WORDS:

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ABSTRACT

Behcet's disease is autoimmune systemic vascular disease which is characteristic by recurrent oral aphthous ulcer, genital ulcer and other ocular & systemic manifestations. Behcet's disease caused by autoimmune response to inflammatory and environmental insult in genetically predisposed individual. Diagnosis of Behcet's disease is based on clinical features. Treatment of Behcet's disease include corticosteroid immunosuppressant and symptomatic treatment. Here we report a case of 15-year-old male patient presented with sign and symptoms of Behcet's disease. a 15-year-old male who presented to our hospital with 1 and half year history of painful recurrent oral ulcers & 6-month history of scrotal lesion. He reported to have three recurrences in the past 1 year. He treated with multiple courses of fluconazole, nystatin, and Several antibiotics in early course of disease but no relief.

INTRODUCTION

Behcet's disease is autoimmune systemic vascular disease which is characteristic by recurrent oral aphthous ulcer, genital ulcer and other ocular & systemic manifestations. Behcet's disease caused by autoimmune response to inflammatory and environmental insult in genetically predisposed individual [1,2,3,4.] HLA B51 strongly associated with the Behcet's disease. Behcet's disease most common in age group of 20 to 40 years. Diagnosis of Behcet's disease is based on clinical features. No n pathogenomic tests are also available for diagnosis but the diagnosis relies on the clinical criteria according to the International Study Group for the Behcet's Disease (IS-GBD) [5]

ISGBD requires the presence of recurrent oral aphthae (three times in 1 year) with at least two of the following: recurrent genital aphthae (aphthous ulceration or scarring), eye lesions (retinal vasculitis, cells in vitreous, or uveitis), skin lesions (papulopustular lesions, pseudo- vasculitis, acneiform nodules, or erythema nodosum), or a positive Pathergy test.

Treatment of Behcet's disease include corticosteroid immunosuppressant and symptomatic treatment. Here we report a case of 15-year-old male patient presented with sign and symptoms of Behcet's disease[6]

CASE REPORT

We are reporting a 15-year-old male who presented to our hospital with 1 and half year history of Painful recurrent oral ulcers (Fig 2), 6-month history of scrotal lesion (Fig 1). The mouth ulcers started gradually in the buccal cavity. There have been periods of complete Healing of approximately 2-3 weeks and recurrences. He reported to have three recurrences in the past 1 year. There is no other complaint associated with mouth ulcer apart from pain. In the past 6 months he noted the lesions around his scrotum that started like pustules and later ruptured to form painful ulcers. The penis was Spared. There is no history of epigastric pain, painful defecation, painful micturition, hematuria, reduced amount of urine, or any history suggestive of sexual transmitted diseases in the past. There were no ocular symptoms. There was no blurred vision or photophobia. There is no history of weight loss. He treated with multiple courses of fluconazole, nystatin, and Several antibiotics in early course of disease but no relief. He had no known history of allergy and had never been transfused with blood or blood products. No history of similar complaints in family. He was a student with no history of smoking or drinking alcohol. Physical examination revealed young adult who was normal built and nourish, conscious oriented, afebrile(36.7°C). He had extensive labial-oral ulcers with patches of Thrush on the throat. There were neither Kaposi's sarcoma lesions nor lymphadenopathy.

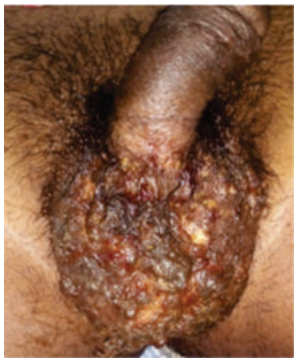

FIG 1.

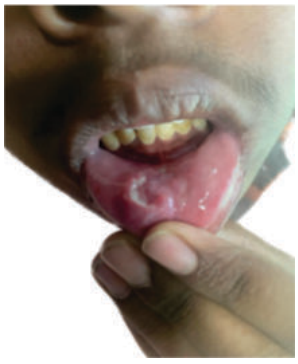

FIG 2.

Examination

The blood pressure was 140/90 mmHg, the pulse rate was 79 beats per minute regular, the respiratory rate was18 cycles per minutes, and the oxygen saturation was 95% in room air. Urogenital system examination revealed normal male genitalia with ulcerations on the scrotum. The physical examination of the rest of the systems was essentially normal. The results from laboratory analysis done were complete Blood count within normal ranges, HIV rapid serological test (negative), renal function test (normal range), random Blood glucose (103 mg/dl) and Pathergy test (negative). The diagnosis of BD was made according to The ISGBD basing on the presence of recurrent oral Aphthae (>3 times in 1 year) together with recurrent genital aphthae.

DISCUSSION

Many cases of Behcet's disease remain undiagnosed or unreported due to lack of awareness regard-ing BD among clinicians. Our patient had typical presentation for BD according to the ISGBD criteria but he was initially misdiagnosed. In particular, this patient was misdiagnosed as having candidiasis and bacterial infections. In series from Comoros, most BD patients were HLA- B51 negative leading the authors to conclude that BD associated with HLA-B51

negativity presents with severe manifestation with undue sequelae in East African adults as opposed to those with HLA-B51positivity in other regions.[7,8] Generally, BD responds well to steroids, with the combination of corticosteroids and immunosuppressant drugs being indicated when vital organs are involved Our patient responded very well to the steroids alone within25 days of treatment with no systemic complications [9,10]

CONCLUSION

This case emphasizes the need to increase awareness among Clinicians on BD so as to timely diagnose and offer prompt treatment. Further studies are needed to ascertain the prevalence and distribution of BD as well as associated genetic factors.

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