Behçet’s Disease (or Behçet’s Syndrome) is a chronic, multisystem inflammatory disease with a range of recurring and remitting manifestations that can occur nonconcomitantly. Mucocutaneous lesions are the hallmark of this disease, and painful, recurrent, oral ulcers are the most common initial manifestation, affecting 98% of people with Behçet’s Disease.

Diagnosis of Behçet’s Disease relies on the exclusion of numerous alternative diagnoses. In addition, there are diagnostic criteria established by the International Study Group (ISG) for Behçet’s Disease that can help aid in diagnosis:

- The presence of recurrent oral ulceration, plus at least 2 of the following clinical features observed by the patient or physician: recurrent genital ulceration, eye lesions, skin lesions, or a positive pathergy test, which is read by a physician at 24 to 48 hours posttest.

Refer to the ISG criteria for complete information in making a diagnosis.

The following manifestations can be considered during your patient’s evaluation:

- Recurrent oral ulcers
- Recurrent genital ulcers
- Arthritis (arthralgia)
- GI lesions
- Skin lesions
- Ocular disease
- Vasculitis
- Neurological lesions
- Arthritis (arthralgia)

Other considerations may include genetic and/or environmental factors:

- A family history of Behçet’s Disease can be associated with an earlier age of onset.
- Behçet’s Disease is most prevalent in people of Middle Eastern and Far East Asian descent.
- It is thought that infectious or environmental agents, such as pollution, bacteria, and/or viruses, may exacerbate Behçet’s Disease.

To learn more about Behçet’s Disease, visit BehcetsConnection.com

Help raise awareness with #BehcetsConnection

References: