BEHÇET'S DISEASE

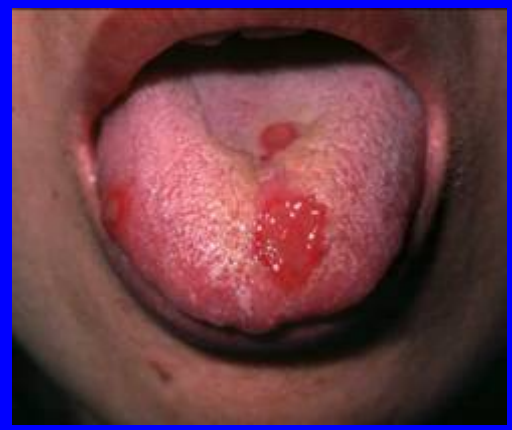
- **Idiopathic multisystem disease**
- **More common in men**
- **Occurs in 3rd - 4th decade**
- **Highest incidence in Mediterranean region and Japan**
- **Associated with HLA-B5**

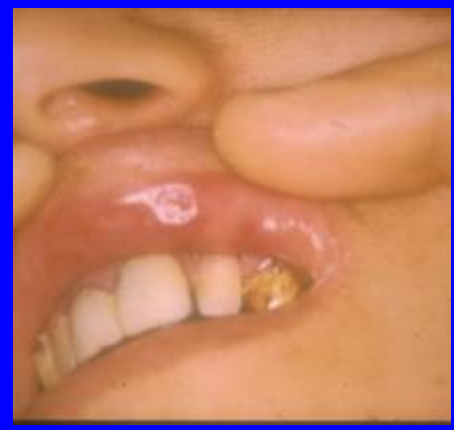
BEHÇET'S DISEASE
Aetiology

- Unknown
- Various bacteria and viruses suggested
- No good evidence to suggest any of them
- Perpetuated by autoimmune response and CD4 + T-cells
- Tumour necrosis factor (TNF) thought to be important

BEHÇET'S DISEASE
Systemic Involvement (1)

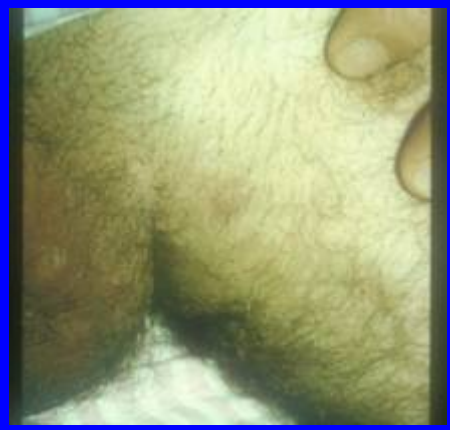
Oral aphthous ulceration – 100%

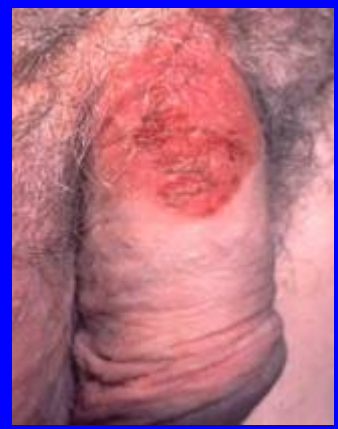




BEHÇET'S DISEASE
Systemic Involvement (2)

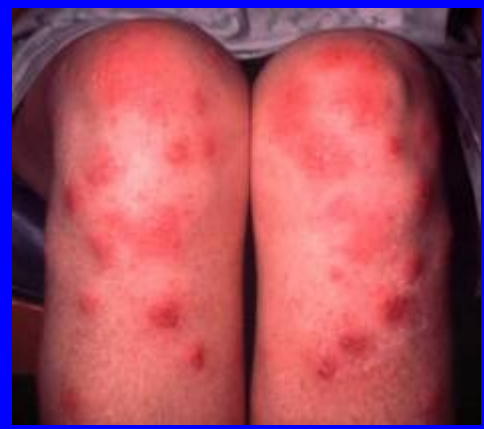
Genital ulceration – 90%



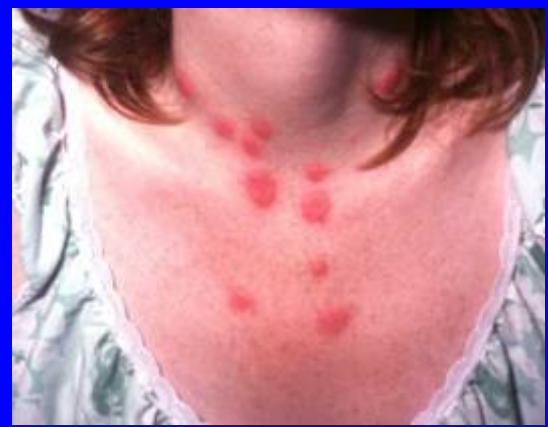


BEHÇET'S DISEASE
Systemic Involvement (3)

- Skin lesions – 80%
  - **Erythema Nodosum**



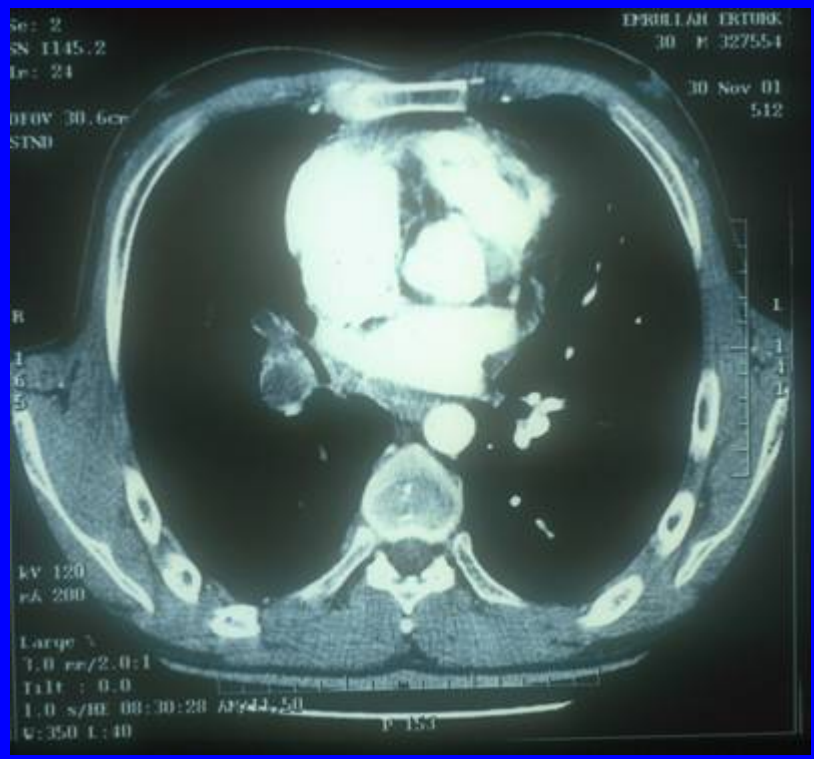
  - **Acneiform**



- Uveitis 70% (inflam. of iris, ciliary body or choroid)

BEHÇET'S DISEASE
Systemic Involvement (4)

- CNS involvement – strokes, fits
- Major vessels eg superior Vena cava obstruction
- Increased skin response to trauma eg blood taking

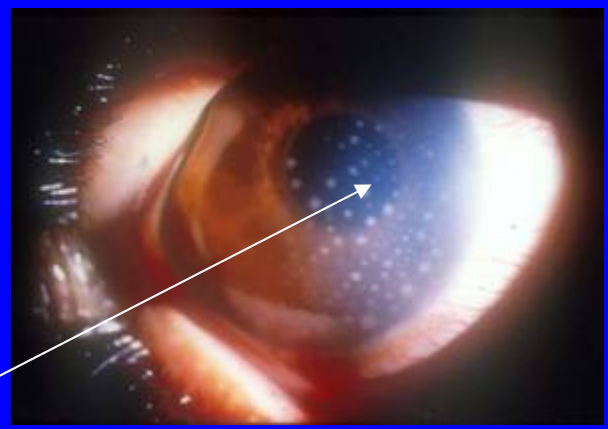


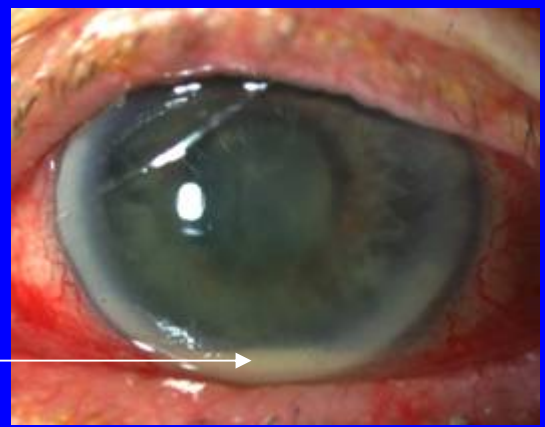
BEHÇET'S DISEASE
Ocular Features (1)

- **Acute iritis**
  - **Pain, redness & ↓VA**
  - **Flare (PTN exudation)**
  - **Inflammatory cells in anterior chamber**
  - **KPs (Inflammatory cells at posterior surface of cornea**)
- **Recurrent hypopyon**

  (Fluid level of WBC)

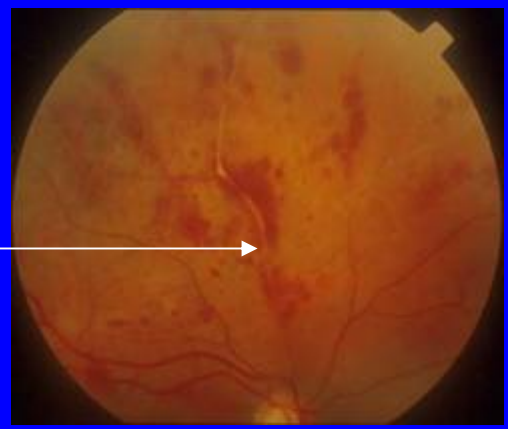
  The red or white eye

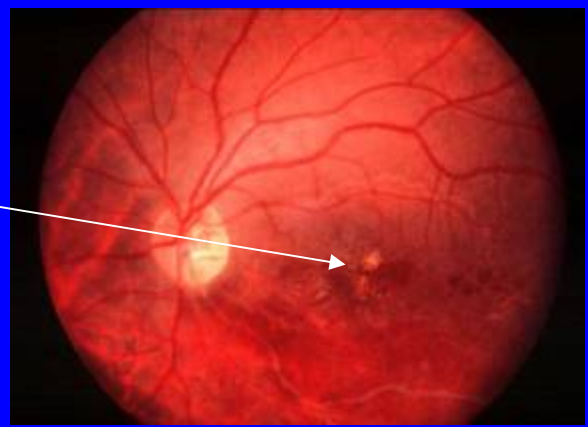




BEHÇET'S DISEASE
Ocular Features (3)

- **Marked inflammation of the eye**
- **Retinal vasculitis and haemorrhage (inflam. of retinal vessels)**
- **Occlusive periphlebitis (venous sheathing & occlusion)**
- **Retinal microinfarcts**
- **Very damaging to vision: retinal damage and optic nerve atrophy**
- **Cataract or glaucoma**





BEHÇET'S DISEASE
Treatment

- Systemic Steroids
- Systemic immunosuppressive agents
- Interferon-alpha may have immunodulating effects
- Anti-TNF monoclonal antibodies may be of help