

## Introduction

Oral ulcers are one of the most common complaints seen by general practitioners in their offices. Concern should be raised to investigate further when a patient with oral ulcers is unresponsive to usual treatments or recurrent in onset. We present here a case of Behçet's disease with oral ulcers that was diagnosed 3 years after the onset of his symptoms.

## Case Presentation

- A 41 years-old Scottish male patient with a past medical history significant for erectile dysfunction, prior EBV infection, hyperlipidemia, umbilical hernia, and urethral meatal stenosis was referred by his PCP to rheumatology for oral thrush and recurrent oral ulcers for 3 years.
- The patient was seen by Infectious Disease Specialist and had resolution of oral thrush with clotrimazole troches.
- However oral ulcers remained unresolved with nystatin, magic mouthwash, and multivitamins.
- The patient was later seen by an oral surgeon for a biopsy which was non-diagnostic and negative for HSV.
- He later developed burning micturition and a purple hue at the urethral meatus with a genital/scrotal ulcer.
- The patient was presumed to have UTI and treated with ciprofloxacin, which resolved dysuria but not genital lesions.
- The patient was then referred to a rheumatology clinic for further evaluation to rule out autoimmune etiology.
- ANA, Anti ds DNA, ASCA, MPO, PR3, Coombs test, CMV, Hepatitis panel, and STI testing- HIV, Chlamydia PCR, and RPR were sent for analysis which reported negative, however, he was found to have positive HLA B51 and was diagnosed with Behçet's disease.
- The patient had remarkable response when he was treated with topical steroids as needed and colchicine to prevent recurrence.

## Discussion

- Recurrent aphthous stomatitis affects roughly 20% of the general population, incidence varies from 5-50% depending on the ethnic and socioeconomic groups investigated.
- Concern should be raised to investigate further when a patient with oral ulcers has recurrent onset or is unresponsive to usual treatments involving vitamin supplementation, anti-virals and symptomatic care.
- Oral ulcers could be one of the common presentations of a rare autoimmune systemic vasculitis syndrome - Behçet's disease, which often manifests as a cluster of symptoms that may include uveitis, mucocutaneous ulcers in oral and/or genital areas.
- Although predominantly known as small vessel vasculitis, an exceptional feature of Behçet's Disease is its ability to involve blood vessels of all sizes.
- Involvement of the skin, mucosa, and joints may lower quality of life.
- Per the International criteria for Behçet's disease scoring system, patients having  $\geq 4$  points have been classified as having Behçet's disease.
- Our patient had recurrent oral ulcers and genital ulcers accounting for 4 points- has been diagnosed with Behçet's disease
- Treatment involves- steroids: topical/ systemic, immunosuppressants, and TNF alpha inhibitors.
- Colchicine is commonly used to prevent the recurrence of oral, skin lesions and arthritis.

Table 1- Clinical manifestations of Behçet's disease

Systems	Signs and Symptoms
Oral	Recurrent aphthous ulcers
Urogenital	Genital Ulcers
Ocular	Anterior/ Posterior uveitis, Retinal vasculitis
Skin	Erythema nodosum, pseudo folliculitis, acneiform nodules, papulopustular lesions
Neuro	Cerebral venous thrombosis, headache, disorientation, less commonly stroke
Musculoskeletal	Arthralgia, asymmetric arthritis
Vascular	Arterial thrombosis, aneurysm, venous thrombosis
Gastrointestinal	Abdominal pain, diarrhea, bleeding
Non-specific	Fever, fatigue, malaise

## Diagnosis

Table 2 - The International Criteria for Behçet's Disease Scoring System .

Signs and symptoms	Score
Ocular lesions	2
Genital ulcers	2
Oral Aphthous ulcers	2
Skin lesions	1
Neurologic manifestations	1
Vascular Manifestations	1
Positive Pathergy Test	1

Point Score System: Scoring  $\geq 4$  indicates Behçet's diagnosis

## Conclusion

General practitioners should keep reasonable alertness of possible Behçet's disease when encountering a patient with recurrent mucositis and/or genital ulcers, which are refractory to routine treatments. Early diagnosis and treatment of Behçet's disease is vital to avoid poor outcomes, such as blindness and thrombosis. Including Behçet's disease in the differential diagnoses of refractory oral ulcers is the key to avoiding the delay of care in these patients.

## References

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