

## Case report

# Behçet's disease with erosive arthritis

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**SUMMARY** We report a 31 year old Arab female patient with Behçet's disease and erosive arthritis of both wrists and intercarpal joints.

### Case report

A 31 year old Palestinian Arab housewife who has been living in Baghdad, Iraq for 20 years was first seen by us in October 1985. In 1980 she had a feverish illness which lasted six to eight weeks with severe muscle and joint pain, painful mouth, and genital ulcers. Since then, about every two to three months, she has had recurrent attacks of the same condition and has noticed some persisting stiffness and pain in the wrists. At that time the diagnosis was thought to be rheumatoid arthritis, and she was treated with a six month course of penicillamine and later received a full 1.0 g course of gold without benefit. In 1983, during one of those febrile attacks, she had a reversible mild alopecia and acute pericarditis with moderate effusion confirmed by echocardiography. She was treated with prednisolone and continued on a low dose of 5–10 mg up to March 1985 when it was stopped. In May of 1985 she had a deep vein thrombosis of the left calf, which was proved by venogram, and at the same time she had painful ankles and wrists with mouth and genital ulcers. The deep vein thrombosis resolved on treatment with heparin and warfarin. She has two children aged 5 and 2 years and during pregnancy her symptoms were worse. There is no history of abortions.

During these attacks her haemoglobin (Hb) dropped to 10–11 g/dl (100–110 g/l), white cell count (WBC) stayed within normal limits, and her erythrocyte sedimentation rate (ESR) rose to above 100 mm/1st h. Repeated tests for rheumatoid factor, antinuclear antibodies, and DNA binding have been negative. For the last few months she has been symptom free.

Physical examination showed synovial thickening with tenderness of the wrists with slight limitation of movement. The tarsal joints in both feet, the right elbow, and both shoulders were tender.

Investigations showed Hb 11.5 g/dl (115 g/l), WBC count  $6 \times 10^9/l$  with normal indices and differential count, ESR 15 mm/1st h, electrolytes, blood urea, and creatinine were normal. Rheumatoid factor, antinuclear antibodies, and DNA binding were negative. *x* Rays of both hands showed erosive, destructive arthritis involving the wrists and intercarpal joints (Fig. 1). Her tissue typing showed A1, A30, B57, B42, Cw6, Bw4, Bw6, DR2, and DR4.

### Discussion

Our patient suffers from Behçet's disease, and she satisfies the diagnostic criteria as proposed by Mason and Barnes<sup>1</sup> and O'Duffy.<sup>2</sup> It is believed that the arthritis in Behçet's disease is usually a non-deforming monoarticular or symmetrical oligoarthritis, commonly subacute and self limiting<sup>3</sup>; rarely the arthritis may be erosive. It has been suggested that radiological erosive changes are present in about 1% of Japanese patients.<sup>4</sup> In one series from England two patients with definite Behçet's disease had radiological erosive changes—of the hip in one case and of the manubriosternal joint in the other.<sup>5</sup> Shimizu reported two patients with Behçet's disease and erosive changes—of the metatarsophalangeal joint in a male patient and of bilateral terminal interphalangeal joints of the feet in another.<sup>6</sup> In another larger study of arthritis in Behçet's disease from Turkey five out of 47 patients had radiographic erosive changes.<sup>3</sup> These included erosion of both calcanei without sacroiliitis, of both first and second metatarsophalangeal joints, of one temporomandibular joint with recurrent arthritis at the same

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Fig. 1 Erosive arthritis in the wrists and carpi.

joint, of the metatarsophalangeal and proximal interphalangeal joints of the feet, and cystic changes in the shaft of the middle phalanx of one hand.

In our patient it seems that repeated attacks of synovitis in the same joints, i.e., wrists and carpi, led to an erosive and destructive arthritis resembling the radiological appearances of rheumatoid arthritis with which it may be confused.

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#### References

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