

Differentiation of Behcet's disease from inflammatory bowel diseases: Anti-saccharomyces cerevisiae antibody and anti-neutrophilic cytoplasmic antibody

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Abstract

The differential diagnosis of Behcet's disease (BD) from inflammatory bowel disease (IBD) is sometimes difficult and challenging. Hereby, we suggested the utility of anti-saccharomyces cerevisiae antibody (ASCA) and anti-neutrophilic cytoplasmic antibody (p-ANCA) in the differential diagnosis of BD from IBD.

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Key words: Anti-neutrophilic cytoplasmic antibody; Anti-saccharomyces cerevisiae antibody; Behcet's disease

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TO THE EDITOR

The clinical diagnosis of Behcet's disease (BD) may pose considerable difficulties. Since the disease is multisystemic and does not have any pathognomonic symptom or laboratory findings, the diagnosis is based on a group of clinical features (oral, genital, skin or ocular lesions)^[1,2]. Gastrointestinal manifestation is relatively common in

Japanese patients with BD (50%-60%), and the rate is significantly lower in Turkish and American population (5% and 8%, respectively)^[3,4]. Similarly, accurate diagnosis of inflammatory bowel diseases (IBD) is very important. Also, because the treatment strategies in Crohn's disease (CD) and ulcerative colitis (UC) differ, especially when surgery is required, much effort has been expended over the years to distinguish some cases. Non-invasive tests are expected to display a crucial role in the differential diagnosis. The presence of a relatively specific laboratory marker can substantially facilitate the diagnosis of BD, and possibly support a diagnosis before all disease manifestations have occurred. Serum was obtained from 18 patients with BD whose diagnosis was fulfilled with the criteria of Behcet's Disease International Study Group^[5]. Both anti-saccharomyces cerevisiae antibody (ASCA) and anti-neutrophilic cytoplasmic antibody (p-ANCA) were measured with indirect immunofluorescence assay. None of the patients was ASCA or p-ANCA positive.

ASCA is more frequently found in CD patients (50%-80%) compared to patients with UC (2%-14%)^[6]. ANCA is present in the sera of 60%-80% of the patients with UC and approximately 10%-30% of patients with CD^[6]. Since none of the patients in this study was ASCA or p-ANCA positive, we might conclude that both serologic tests may aid in the differential diagnosis of IBD and BD.

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