

BECHET'S SYNDROME

WHAT IS BECHET'S SYNDROME?

Behcet's Syndrome is a form of Vasculitis characterized by inflammation of the blood vessels, which can restrict blood flow and damage vital organs and tissues. Behcet's affects blood vessels of all sizes and types, and can potentially involve any organ, including the brain and spinal cord. Oral ulceration is a major feature.

SYMPTOMS

The symptoms of Behcet's can vary greatly from person to person. Some may have milder disease manifestation, while others have severe, even potentially life-threatening symptoms. Most people have periods of relapse and remission, with symptoms often showing up in different parts of the body—sometimes years later.

The most common symptoms of Behcet's syndrome are:

- Painful ulcers, resembling canker sores, inside the mouth
- Painful, open sores on the genitals
- Skin lesions resembling acne that can occur anywhere on the body
- Eye inflammation with symptoms of blurred vision (or blindness), redness and pain
- Joint swelling, pain and stiffness, especially in the knees, ankles, elbows and wrists

CAUSES

The cause of Behcet's syndrome is not fully understood by researchers. Behcet's is one of the few forms of vasculitis where a specific gene—HLA-B51—is a known risk factor for the syndrome. However, this gene is also seen in the general population, and not everyone who has it gets Behcet's. Therefore, it is believed that an infection and/or environmental factors may play a role in the onset of this disease.

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TREATMENT

Treatment for Behcet's is aimed at reducing inflammation and preventing organ damage. Treatment depends on disease severity, symptoms, and organ involvement. The first line of treatment may include topical corticosteroids applied directly to the affected area, such as skin creams, gels and ointments, eye drops and mouth rinses. Oral corticosteroids, such as prednisone, may also be prescribed to reduce inflammation. If topical or oral steroids are not effective, your doctor may prescribe other medications to fight inflammation, including colchicine, which is commonly used to treat gout.

More severe disease may require immunosuppressant drugs, such as methotrexate, azathioprine, and cyclophosphamide. Biologics are also an option when Behcet's is severe. Biologic medications are complex proteins derived from living organisms. They target certain parts of the immune system to control inflammation. Examples used to treat Behcet's include infliximab, etanercept, adalimumab.

LIVING WITH BECHET'S

Living with Behcet's can be challenging at times. Fatigue, pain, emotional stress, and medication side effects can take a toll on your sense of well-being, affecting relationships, work and other aspects of your daily life. Sharing your experience with family and friends, connecting with others through a support group, or talking with a mental health professional can help.

RELAPSE

Even with effective treatment and periods of remission, some individuals will experience relapse of Behcet's—sometimes months or even years after the original symptoms subside. If your initial symptoms return or you develop new ones, report them to your doctor as soon as possible. Regular doctor visits and ongoing monitoring of lab and imaging tests are important in detecting relapses early.