

AUTOIMMUNE CONNECTIVE TISSUE DISEASES

## DERMATOLOGICAL MANIFESTATIONS OF BECHET'S DISEASE: EXPERIENCE OF A SPECIALIST CENTRE

Mk Hunjan<sup>(1)</sup> - Ts Chohan<sup>(2)</sup> - P Chandratre<sup>(3)</sup> - Rd Situnayake<sup>(3)</sup>

*St. John's Institute Of Dermatology, Guy's And St. Thomas' Hospitals Nhs Trust, London, United Kingdom<sup>(1)</sup> - Birmingham Skin Centre, Sandwell And West Birmingham Hospitals Nhs Trusts, Birmingham, United Kingdom<sup>(2)</sup> - Birmingham Bechet's Syndrome National Centre Of Excellence, Sandwell And West Birmingham Hospitals Nhs Trusts, Birmingham, United Kingdom<sup>(3)</sup>*

**Introduction:** Bechet's disease(BD) is a rare multi-system immune-mediated inflammatory disease which has traditionally been associated with the Silk route. It is characterised by recurrent orogenital ulceration; joint pain; eye inflammation and skin lesions. Genital and oral ulcerations are often the first symptoms to occur and often precede diagnosis. Recognised skin lesions that are included in the diagnostic criteria include erythema nodosum(EN), pseudofolliculitis or pustular lesions, and acneiform rash.

**Objective:** To explore and the dermatological manifestations of BD in adults.

**Methods:** We carried out a retrospective review of all patients seen at our centre since its inception in 2012. Patients were given a diagnosis of BD if they met ICD 10 criteria . Abstracted data included age, sex, date of diagnosis and associated skin lesions.

**Results:** 298(n) subjects had a diagnosis of BD. 31 %(92)were male and 69%(206) were female. Of those 164 (55%) presented with a skin lesion other than orogenital ulceration, of which 161 (98%) had them described. 24% (n=71) had EN , 24% (n=72 )had a follicular, pseudofollicular rash or pustular lesions, 10% (n=30) presented with an acneiform rash and 10%(n=31) pathergy. Other reported skin lesions included a vasculitic rash , maculopapular rash and superficial thrombophlebitis. 6 subjects also had a concurrent diagnosis of pyoderma gangrenosum(PG).

**Conclusions:** Not only do we describe lesions known to be associated with BD such as EN , pseudofollicular lesions and acneiform rash, we have also described its association with other lesions such as PG and vasculitis type rash . First presentation of BD could very well present in dermatology clinic and therefore It is important for dermatologists to familiarise themselves with the symptoms associated BD . In patients with treatment refractory skin lesions, BD should be considered as a potential diagnosis as early recognition and



treatment could prevent potentially devastating end-organ damage.

