

Cardiovascular Involvement in Behçet's Disease: Clinical Implications

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Background:

Behçet's Disease (BD), is a multisystem disorder. Skin, uro-genital ulcerations and uveitis were used as a classical criteria for diagnosis. Nowadays vasculitis is considered as the underlying basic pathological process. Vascular involvement in BD includes venous thrombosis, arterial occlusion, pulmonary artery and aortic aneurysm formation. Cardiac involvement is rare and often obscure. It includes intracardiac thrombi formation, and is associated with a poor prognosis.

Objectives:

To raise awareness of cardiovascular (CV) involvement in BD, and to emphasize the importance of routine surveillance for CV involvement, in order to prevent serious outcome, inappropriate interventions, and mortality.

Methods & Results:

We described two patients in the Mediterranean Basin with BD and CV involvement. The first was diagnosed early as a BD patient; the second was diagnosed only at the time of CV involvement.

Case1: A 65 year-old male, known to suffer from BD, who required permanent pacemaker (PPM) therapy, for a complete heart block. Two attempts at implanting an endocardial PPM via the upper thoracic veins failed due to an old venous obstruction.

Case 2: A 22 year-old male, with severe clinical and chest x-ray findings, was suspected of having bilateral pneumonia. CT angiogram documented pulmonary embolism, and an echocardiogram revealed a large thrombus in the right atrium. Therapy with steroids, immunosuppressive and anticoagulant therapy was initiated. His past history included recurrent epididymitis and aphthous stomatitis, compatible with a BD diagnosis. Two months later, a recurrent pulmonary embolism was diagnosed.

Conclusion:

We suggest that patients diagnosed or even suspected for BD, should undergo comprehensive CV evaluation in order to detect early cardiac or vascular potential harmful pathologies.