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# Genital ulcers: do not forget Behçet disease

Susana Maia,<sup>1</sup> Alexandra Martins,<sup>2</sup> Celeste Santos,<sup>1</sup> François Alves<sup>2</sup>

<sup>1</sup>Department of Gynaecology Obstetrics, Faro's Hospital, Faro, Portugal;

<sup>2</sup>Department of Internal Medicine, Faro's Hospital, Faro, Portugal

**Correspondence to** Dr François Alves, jeanfrancoisalves@sapo.pt

## DESCRIPTION

A 22-year-old, previously healthy, woman was referred to our department for genital ulcers present for more than 1 year, with no resolution to the various treatments prescribed. At physical examination, the patient presented a painful ulcer with a central necrotic base and clean margin about 10 mm in diameter on the right labia majora (figure 1) and a similar lesion at the cervix (figure 2). Multiple painful aphthous like ulcers morphologically similar to genital ulcers of the oral cavity (figures 3 and 4) and folliculitis-like lesions on the legs (figure 5) were found. The diagnostic exams revealed only an elevated

erythrocyte sedimentation rate. As this patient met the criteria of the International Study Group for Behçet disease,<sup>1</sup> based on the occurrence of symptoms and signs that are compatible with the disease, the diagnostic was made. The criteria include recurrent oral ulceration with two of the following four criteria: recurrent genital ulcerations, eye lesions (uveitis or retinal vasculitis), skin lesions (erythema nodosum or folliculitis) and or positive 'pathergy test' (Occurrence of a small red bump or sterile pustule to any intracutaneous insult). The investigation shows no involvement of cardiovascular, renal, gastrointestinal,



**Figure 1** Genital ulcer on the right labia majora.



**Figure 2** Genital ulcer at the cervix.



**Figure 3** Aphthous like lesion of the oral cavity.



**Figure 4** Aphthous like lesion of the tongue.



**Figure 5** Folliculitis like lesions on the legs.

pulmonary, urologic, joint or central nervous systems. Treatment was established by the Autoimmune Disease Unit and resolution of symptoms was achieved with the administration of corticotherapy and colchicin. Two years later, the patient had an uneventful pregnancy resulting in a normal infant.

**Competing interests** None.

**Patient consent** Obtained.

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