Laryngeal ulcer with Behcet's disease

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DESCRIPTION

A 40-year-old previously healthy man presented with 2 weeks of fever and dysphagia due to painful oral ulcers. He subsequently developed an erythematous tender rash on his trunk and extremities, and genital ulcers.

On arrival, the patient could not vocalise due to pain. His temperature was 38.4°C, and other vital signs were unremarkable. Eyes were slightly injected bilaterally. There was no audible stridor. Multiple ulcerations were present on the lips, tongue, buccal membranes, palate and oropharynx. He had painful pustular red-brown nodules on his face, extremities and back, and also genital ulcers. Laboratory tests showed an elevated C reactive protein (20.31 mg/dL); an erythrocyte sedimentation rate was 90 mm/hour. Herpes simplex virus and syphilis tests were negative. Ophthalmologic examination was consistent with previous uveitis. The pathergy test was positive and a skin biopsy of erythema nodosum showed panniculitis. Fiberoptic laryngoscopy revealed multiple aphthous ulcerations on the epiglottis ([figure 1A](#)) and arytenoepiglottidean fold ([figure 1B](#)). He was diagnosed with Behcet's disease. He was treated with topical xylocaine, colchicine 0.5 mg/day and prednisolone 30 mg/day, with improvement in his symptoms.

Behcet's disease is a systemic autoimmune disease that is prevalent along the 'Old Silk Road' (eg, the Middle East and East Asia).¹ Recurrent oral ulcers are the most frequent manifestation. To establish the diagnosis of Behcet's disease according to International Study Group for Behcet's Disease, recurrent oral ulceration no less than three times a year is mandatory and at least two of the following findings

Learning points

- ▶ Dysphagia in Behcet's disease requires evaluation for the infrequent presentation of laryngeal ulcer.
- ▶ Behcet's disease with laryngeal involvement may lead to airway obstruction.

are required: recurrent genital ulceration, eye lesions, skin lesions and positive pathergy test.² In a prior study of northern European patient cohort, 5 out of 15 patients (33%) with Behcet's disease showed laryngeal changes.³ However, laryngeal involvement in Behcet's disease has been reported only rarely, with complications that included acute airway obstruction, requiring surgical intervention, due to oedema.^{4–6} Evaluation of the airway should be considered for cases of Behcet's disease with dysphagia.

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REFERENCES

- 1 Yazici H, Seyahi E, Hatemi G, *et al*. Behçet syndrome: a contemporary view. *Nat Rev Rheumatol* 2018;14:107–19.
- 2 Anon. Criteria for diagnosis of Behçet's disease. International Study Group for Behçet's disease. *Lancet* 1990;335:1078–80.
- 3 Fitzgerald CWR, Adeeb F, Timon CV, *et al*. Significant laryngeal destruction in a northern European cohort of Behçet's disease patients. *Clin Exp Rheumatol* 2015;33:S123–8.
- 4 Gross M, Ben-Chetrit E. Laryngeal involvement in Behçet's disease—a challenge for treatment. *Clin Rheumatol* 2013;32:75–7.
- 5 Ghazal Asswad R, Harrison A, Hans PS, *et al*. Laryngeal ulceration in Behçet's disease: the role of centres of excellence in the UK. *J Surg Case Rep* 2019;2019:rjz017.
- 6 Brookes GB. Pharyngeal stenosis in Behçet's syndrome: the first reported case. *Archives of Otolaryngology - Head and Neck Surgery* 1983;109:338–40.

Figure 1 (A) Aphthous ulcerations on the epiglottis. (B) Aphthous ulcerations on the arytenoepiglottidean fold.

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