A Rare Cause Of Hemoptysis In Patient With Behcet's Disease: Laryngeal involvement

M Enoz, M Ulusan

Citation

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Abstract

Behcet's disease (BD) is a systemic vasculitis characterized by oral and genital ulcers and uveities and is associated with HLA-B51[1]. We presented a 33-year-old patient, who have presented with hemoptysis. Bleeding from larynx is the first manifestation of BD in this case even though uveitis and oral and genital ulcers were not present.

CASE REPORT

A 33-year-old male patient, admitted to our clinic with hemoptysis and he had no significant past medical history. The patient had several episodes of severe hemoptysis attacks in a period of last three years.

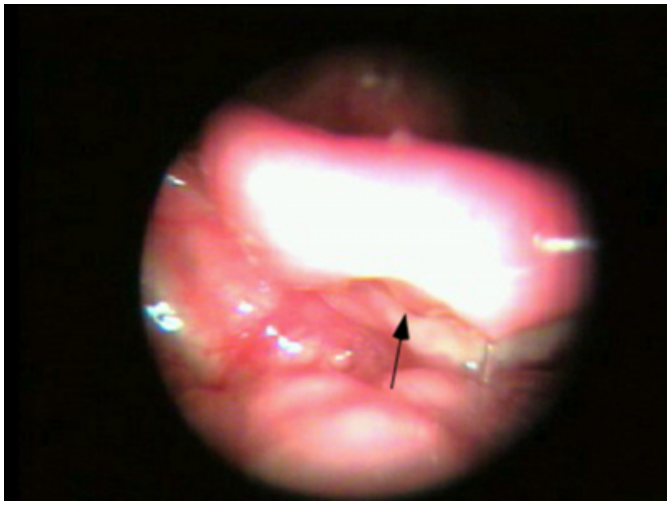
Hemoptysis due to bleeding from larynx is the first manifestation of BD in this case even though uveitis and oral and genital ulcers were not present. Pulmonary angiography was normal. He was not had arthritis or arthralgias.

The patient had previously been well. He had not had oral or genital ulcerations in first year of last three years. Oral ulceration appeared in last two years and genital ulcers are appeared in last six months. The diagnosis is made in other clinic of dermatology based on clinical findings and histopathologic examinations from oral lesion.

Ulcerative lesion on the superior edge of the epiglottis is seen on the endoscopic laryngeal examination (Figure I).

Figure 1

Figure 1: Ulcerative lesion on the superior edge of the epiglottis (black arrow).



DISCUSSION

Behcet's disease (BD) is a systemic disorder of recurrent acute inflammation, characterized by major symptoms of oral aphthous ulcers, uveitis, skin lesions and genital ulcers.

Patients with BD are known to distribute along the ancient Silk Road. The incidence is relatively higher from eastern Asia to the Mediterranean area as roughly 1–10 patients in 10,000 people, whereas only 1–2 patients in 1,000,000 people in UK and North America[1, 2]. Although etiology of the disease is still unknown, high prevalence of HLA-B51, increased expression of heat shock protein 60 and Th1 dominant immune responses in the patients are considered important in its pathogenesis. Non-infectious neutrophil activation and infectio with Streptococcus sanguis and

herpes simplex virus would also be associated. Because BD lacks any pathognomonic symptoms and laboratory findings, the diagnosis relies largely upon the criteria proposed by the International Study Group for Behcet's disease in 1990[1, 2, 3].

Although the etiology of the disease is still unknown, various environmental and genetic factors are implicated in its pathogenesis.

The most serious complication concerns an aneurysm of the pulmonary artery, which presents with hemoptysis and is similar to a venous lesion because of the vein-like structure of the pulmonary arteries[4].

CORRESPONDENCE TO

Murat Enoz Maresal Cakmak Military Hospital, Deparment of ORL & Head and Neck Surgery, 25700, Yenisehir, Erzurum, Turkey. Phone: +905554293937 Fax: +902123439040 Email: muratenoz@gmail.com

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Author Information

Murat Enoz
Deparment of ORL & Head and Neck Surgery, Maresal Cakmak Military Hospital

Murat Ulusan
Department of Otolaryngology, Head & Neck Surgery, School of Medicine, Istanbul University