

Ileum and colon perforations in a young patient with Behçet's disease

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To the editor,

Behçet's disease (BD) is an inflammatory disorder characterized by recurrent oral and genital ulcers, ocular and skin lesions, and it may be accompanied by vascular, neurological, or gastrointestinal involvement (1). In BD, gastrointestinal (GI) tract involvement is seen about 3%-25% of the patients. GI disease usually affects not only the ileocecal area, but also rarely involves the esophagus, small intestine, and colon (1). The most common GI symptoms are abdominal pain, diarrhea, and bleeding. Deep ulcers in the GI tract that are seen in BD are the major causes of severe complications, such as severe bleeding and perforation. There are only a few studies that have reported colonic perforations due to BD (2, 3). In this article, we report a patient with BD who underwent an emergent operation because of acute abdomen, developing secondary to multiple perforations of the ascending colon and terminal ileum.

A 26-year-old male patient was admitted to the emergency department of our hospital complaining of abdominal pain, bloody diarrhea, nausea, and poor appetite for ten days. His medical history revealed that 11 years ago he was diagnosed with BD, according to the international criteria for BD. He had characteristic mouth sores, skin lesions, arthritis, and deep venous thrombosis at onset. On physical examination, there was hyperactivity of bowel sounds, tenderness on the lower quadrants, tachycardia (113/min), and subfebrile fever (37.5°C). There was no rebound tenderness or guarding on abdominal examination. Laboratory tests revealed increased white blood cells count and creatinine (14400/mm³ and 1.96 mg/dL, respectively).



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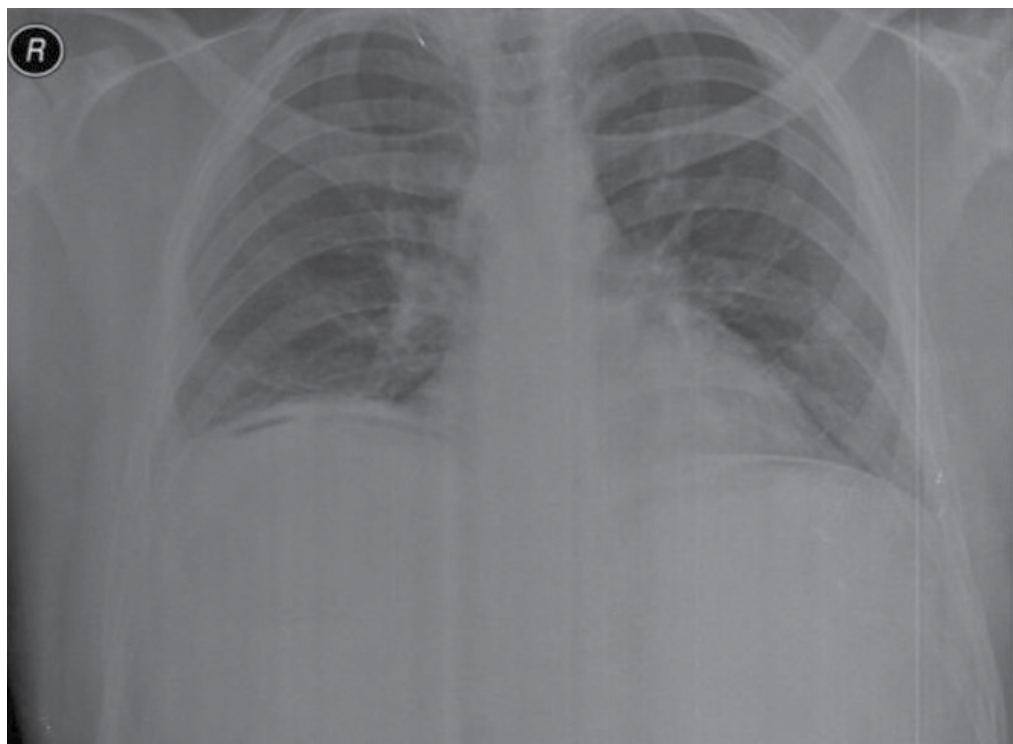


Figure 1. Free air is seen under the right diaphragm due to perforations

On the second day of hospitalization, he had severe abdominal pain, rebound tenderness, fever, and hypotension. Abdominal X-ray revealed free air under the right diaphragm (Figure 1). An emergency laparotomy was performed for a suspected perforation in the GI tract. The peritoneal cavity was filled with purulent fluid. During exploration, three separate perforations of the terminal ileum and ascending colon were observed; extended right hemicolectomy and ileostomy performed.

Gastrointestinal lesions in BD are typically aphthous or deep and round with a punched-out appearance in the ileocecal region (1). They can be observed anywhere from the lip to anus and lead to severe complications, requiring surgical treatment (2, 4, 5). Treatment and follow-up of the patient requires a team approach, including a general surgeon, rheu-

matologist, and gastroenterologist. Because the risk of recurrence following operation for intestinal perforation is higher, follow-up endoscopies are essential in the outpatient setting.

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Informed Consent: Written informed consent was obtained from the patients who participated in this study.

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