

CASE REPORT

BEHCET'S DISEASE

By
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Personal History: Mohamed Amer Megahed, Patient 30 years old, married 2 years ago, has 1 daughter 1 year old, lives in El Marg El Gharbeya, works as an engineer, Occasional Hubble Bubble smoker of 1 year duration stopped 1 month ago.

Complaint: Dry irritative cough of one month duration.

Date of admission: 9/10/2008.

History of present illness: The condition started 2 months ago after septic molar tooth extraction by:

- Neck Fullness & tenderness on the right side mainly.
- Flushing of the face.
- Black-outs especially after standing from sitting position leading sometimes to falling down.

All previous symptoms increase more on leaning forward or in prayer's position.

He didn't seek medical advice till he noticed a big dilated vein on the right side of the neck. **1 month ago, he developed:**

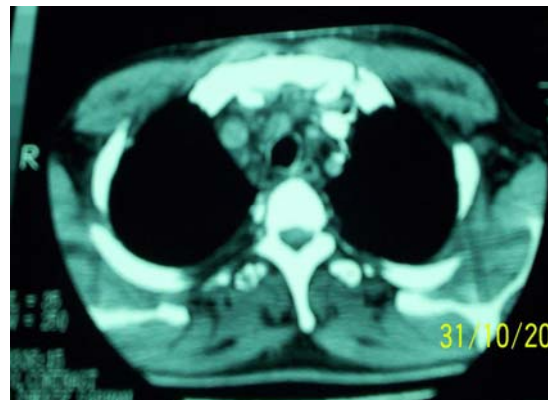
- Dry irritative cough
- Dyspnea on moderate exertion
- Loss of weight and loss of appetite
- Fever especially at night

- Oral & genital ulcers which were painful and heal spontaneously without medications.
- No chest pain, no chest wheezes, no symptoms suggestive of mediastinal compression nor core-pulmonale. No symptoms of other system affection.

He sought medical advice at different O.P.Cs received non specific medications with no improvement.

C.T. chest was recommended showing.

“Enlarged retrocaval and aortopulmonary lymph nodes along with SVC thrombosis. Pleural nodules (MOSTLY pulmonary infarcts are seen in lung window)”.





General Exam:

Weight: 65kg

LNS:

- Enlarged left upper deep cervical
- Enlarged Right posterior axillary's group (small 1x1 cm, soft, non tender , freely mobile).

Congested Non-Pulsating neck veins.

Dilated, tortuous course of veins of the chest wall & the upper abdomen crossing to the left side →Milking Test.

+ve Pethergy Test.

Thrombophlebitis.

Thrombosis left upper limb (cephalic) vein.

On Examination: N.A.D.

INVESTIGATIONS

ABG:

PH:7.51 PCO2:30 PO2:90 SO2:99%

LABS:

ESR:130

TUBERCULIN TEST:-VE

LDH:289

ANA,ANTIDna,Rhf -ve

urine analysis:-ve

24hr urinary protein 110mg/dl

U/S: N.A.D

Venography (21/10)

Upper GIT Endoscopy

Surgical consultation: regarding LN biopsy: SMALL non accessible.

CXR



ECHO (21/10): INTRACARDIAC THROMBUS (3CM) EXTENDING TILL SVC UPON CARDIOLOGICAL CONSULTATION PATIENT STARTED ACCELERATED STREPTOKINASE THERAPY IN CCU AND THE THROMBOSIS IMPROVED PATIENT TO FOLLOW UP IN RHEUMATOLOGY OPC → start anti coagulation (14/10).

DIAGNOSIS:BEHCET'S DISEASE.