Mimicry between intestinal Behçet's disease and inflammatory bowel disease

Dear Sir,

Behçet's disease (BD) is a rare, multi-systemic inflammatory disease that may be characterized by gastrointestinal manifestations. Ulcerative colitis (UC) is characterized by continuous mucosal inflammation of the colon. Although the ileocecal region is most commonly affected in BD, ulcers may be found throughout the colon. It may be extremely difficult to distinguish intestinal BD from inflammatory bowel disease due to similarities in intestinal and extra-intestinal manifestations and pathologic findings.

We present a female patient, 23 years old, with BD since 2009 with white matter lesions, cutaneous and mucosal involvement and positive pathergy test. She started corticosteroids and azathioprine, with clinical improvement without neurological exacerbation. In 2011, due to a presumptive diagnosis of UC, mesalamine was started, but two corticosteroid cycles were needed to control clinical activity. In 2013, she presented with oral ulcerations and subsequent increase of bowel movements, rectal bleeding, abdominal pain and fever. Colonoscopy showed colonic segmental involvement with mucosa diffusely affected between the hepatic flexure and the descending colon, with edema, erythema and stellate/linear ulcers. There was also loss of vascular pattern and erythema in the rectum (Fig. 1). Infectious etiologies were excluded. Intravenous corticosteroids were started, with need of adding infliximab (5 mg/kg), escalating the dose at the second infusion to 10 mg/kg due to poor response. The patient is now on maintenance scheme, stepped to every 6 weeks at fourth infusion, with sustained clinical and analytical improvement. Colonoscopy revealed mucosal healing in process 9 months after beginning of infliximab. It is difficult to determine whether the patient did in fact have both BD and UC or intestinal BD with endoscopic characteristics of UC. Even though endoscopy favored UC (segmental diffusely affected mucosa), intestinal BD can't be excluded, once colonic lesions may be distributed in the transverse colon, ascending colon and rectum. Besides that, the outpatient had been on treatment with either mesalamine, azathioprine or corticosteroids, which could have changed the typical endoscopic appearance. Histology only showed a non-specific inflammation and cryptic micro-abscesses (Fig. 1), without evidence of vasculitis, but its absence doesn't rule intestinal BD. Evidence for the efficacy of tumor necrosis factor alpha (TNFα) antibodies in gastrointestinal and neuro-Behçet's disease is so far based on the results of a few case-reports. Even though the white matter abnormalities seen by MRI may be similar in non-multiple sclerosis autoimmune demyelination and multiple sclerosis, all the remaining studies were negative and morphology and signal characteristics of the lesions in the MRI were of inflammatory/demyelinating nature (Fig. 1). To our knowledge, this is the first case of anti-TNFα treatment in a

Figure 1 Colonoscopy showed colonic segmental involvement with mucosa diffusely affected between the hepatic flexure and the descending colon, with edema, erythema and stellate and linear ulcers; there was also loss of vascular pattern and erythema in the rectum (Fig. 1). Infectious etiologies were excluded. Intravenous corticosteroids were started, with need of adding infliximab (5 mg/kg), escalating the dose at the second infusion to 10 mg/kg due to poor response. The patient is now on maintenance scheme, stepped to every 6 weeks at fourth infusion, with sustained clinical and analytical improvement. Colonoscopy revealed mucosal healing in process 9 months after beginning of infliximab. It is difficult to determine whether the patient did in fact have both BD and UC or intestinal BD with endoscopic characteristics of UC. Even though endoscopy favored UC (segmental diffusely affected mucosa), intestinal BD can't be excluded, once colonic lesions may be distributed in the transverse colon, ascending colon and rectum. Besides that, the outpatient had been on treatment with either mesalamine, azathioprine or corticosteroids, which could have changed the typical endoscopic appearance. Histology only showed a non-specific inflammation and cryptic micro-abscesses (Fig. 1), without evidence of vasculitis, but its absence doesn't rule intestinal BD. Evidence for the efficacy of tumor necrosis factor alpha (TNFα) antibodies in gastrointestinal and neuro-Behçet's disease is so far based on the results of a few case-reports. Even though the white matter abnormalities seen by MRI may be similar in non-multiple sclerosis autoimmune demyelination and multiple sclerosis, all the remaining studies were negative and morphology and signal characteristics of the lesions in the MRI were of inflammatory/demyelinating nature (Fig. 1). To our knowledge, this is the first case of anti-TNFα treatment in a
patient with neurologic and gastrointestinal involvement either by BD or by BD and UC, respectively.

**Conflict of interest**

We wish to confirm that there are no known conflicts of interest associated with this publication and there has been no financial support for this work that could have influenced its outcome.

**References**


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