A New Kind of Skin Lesion in Behçet's Disease: Extragenital Ulcerations

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A new skin lesion was encountered in 29 of 970 Behçet's patients. The lesions resembled oral aphthae clinically, were recurrent and left a scar tissue like genital ulcers but were located extragenitally. Skin biopsies could be done in only 4 cases and they all showed vasculitis.

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Behçet's disease was first defined by Dr. Hulusi Behçet (1) as a trisymptom syndrome which manifested itself with aphthae in the mouth, genital ulcerations and iridocyclitis with hypopyon. Later, other features have been added to the clinical picture of this syndrome including skin changes, joint involvement, obstruction of arteries or veins and infection of sterile injection sites (2–5). Current research holds that the basic pathological disorder in Behçet's disease is vasculitis (6,7). The aim of this report was to present a different type of skin lesion not defined before that was encountered in 29 of 970 patients who were followed at our Behçet's Disease outpatient clinic of the Department of Dermatology of Istanbul Medical Faculty.

MATERIALS AND METHODS

Nine hundred and seventy registered Behçet's outpatients were followed at regular intervals for 2 years. Recurrent extragenital ulcerations were observed in 29 of them (2.9%). Twelve were male, 17 female and the mean age was 34 in both sexes.

RESULTS

Clinical symptoms in the 29 patients with recurrent extragenital ulcerations are summarized in Fig. 1. These lesions

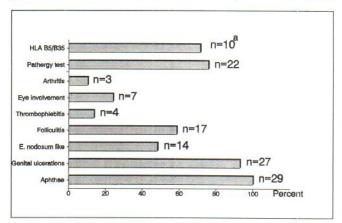


Fig. 1. Clinical symptoms in 29 patients with Behçet's disease.

**HLA B5 was done in 14 patients.

resembling the aphthae were sharply demarcated with a bright red areola and were formed on greyish white bases. Generally they healed in 7–10 days except one which took one month to disappear. All the lesions healed with scarring like genital ulcerations.

The locations of the lesions were as follows: On breaths in 7 female patients, on legs (especially on the back) in 10 female and 6 male patients, on axillae in 1 female and 2 male patients, on interdigital skin of the foot in 1 female and 2 male patients, on inguinal regions in 2 female and 3 male patients. Five patients showed more than one dermal location at the same time. Skin biopsies could be done in 4 cases and they all showed vasculitis.

DISCUSSION

Folliculitis resulting in necrosis and lesions resembling pyoderma gangrenosum or Sweet's syndrome have all been described in Behçet's disease (8,9). There is no report commenting on extragenital ulcerations in the literature. Of the 29 patients, 1 female patient had an ulceration on the breast skin as the first lesion of her disease and we have not found any reports on a similar case. We believe that these recurrent, extragenital, aphthae-like lesions that heal with scarring like genital ulcerations represent a new kind of infrequently encountered skin lesion of Behçet's disease not previously reported.

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