

Recognizing Behçet's Disease

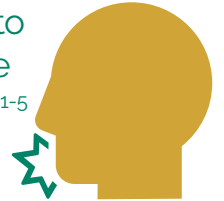
Behçet's Disease (or Behçet's Syndrome) is a chronic, multisystem inflammatory disease with a range of recurring and remitting manifestations that can occur nonconcomitantly.¹ Oral ulcers are the hallmark of this disease, and painful, recurrent oral ulcers are the most common initial manifestation, affecting 98% of people with Behçet's Disease.¹⁻⁴

Diagnosis of Behçet's Disease relies on the exclusion of numerous alternative diagnoses.¹ In addition, there are diagnostic criteria established by the International Study Group (ISG) for Behçet's Disease that can help aid in diagnosis⁵:

- The presence of recurrent oral ulceration, plus at least 2 of the following clinical features observed by the patient or physician: recurrent genital ulceration, eye lesions, skin lesions, or a positive pathergy test, which is read by a physician at 24 to 48 hours posttest

Refer to the ISG criteria for complete information in making a diagnosis.⁵

Oral ulcers are the most common first manifestation of **Behçet's Disease** and could be the first step to a possible diagnosis¹⁻⁵



The following manifestations can be considered during your patient's evaluation^{3,5}:

- Recurrent oral ulcers
- Recurrent genital ulcers
- Arthritis (arthralgia)
- GI lesions
- Skin lesions
- Ocular disease
- Vasculitis
- Neurological lesions

Other considerations may include genetic and/or environmental factors²:

- A family history of Behçet's Disease can be associated with an earlier age of onset⁶
- Behçet's Disease is most prevalent in people of Middle Eastern and Far East Asian descent²
- It is thought that infectious or environmental agents, such as pollution, bacteria, and/or viruses, may exacerbate Behçet's Disease^{1,2,4,7}

To learn more about Behçet's Disease, visit [UnderstandBehcets.com](https://www.UnderstandBehcets.com)

Help raise awareness with **#BehcetsConnection**

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