

# Uveitis in Behçet's disease in Poland-diagnostic and therapeutic dilemmas

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**Background:** Diagnosis of Behçet's disease based on clinical criteria may be difficult in the areas with low prevalence of the disease and therefore low degree of suspicion

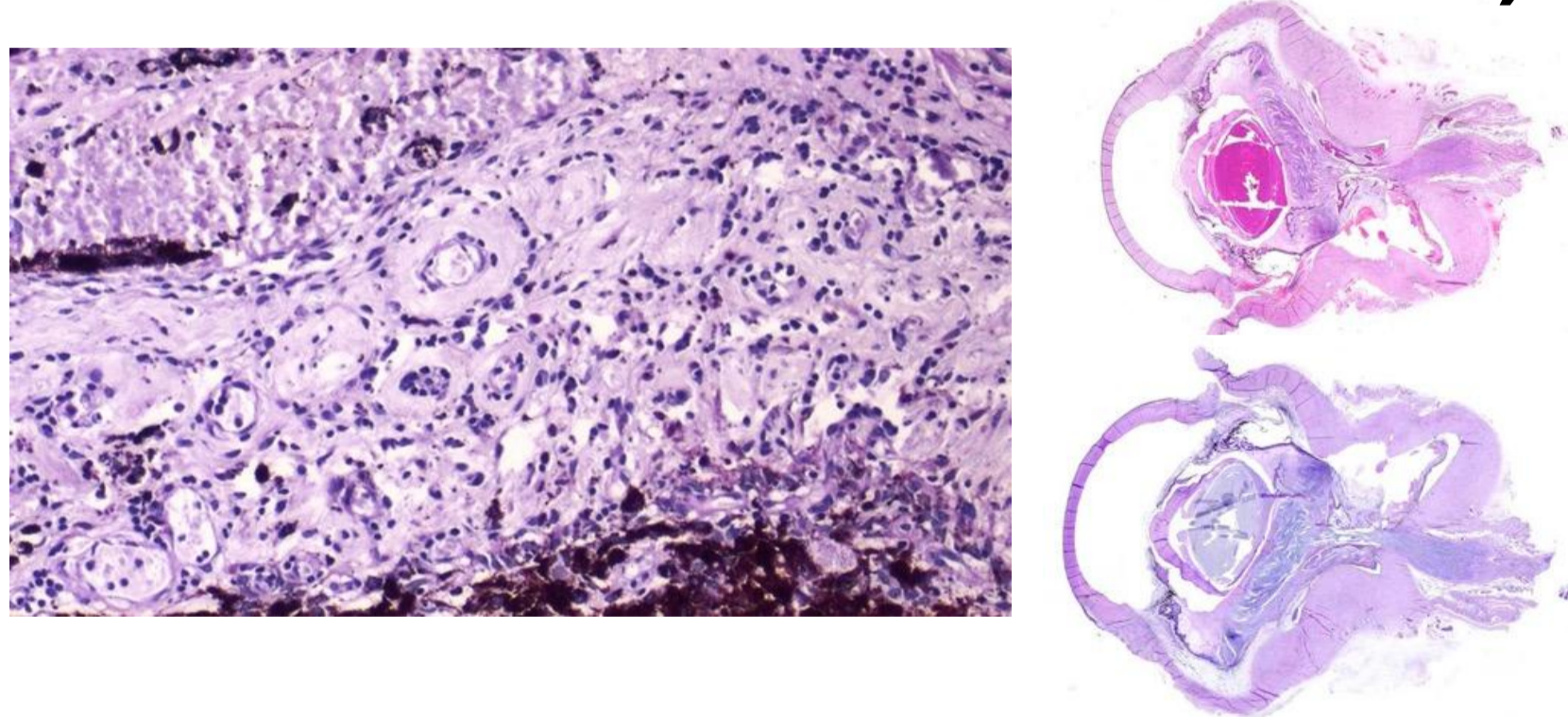
**Patients & Methods:** Retrospective review of 12 cases (8 males, 4 females; age 15-49) of uveitis in patients with Behçet's disease, treated at referral uveitis clinic in Poland in 1998-2017

**Results:** Clinical data regarding age, sex, systemic symptoms and signs, anatomical location and management of uveitis were obtained

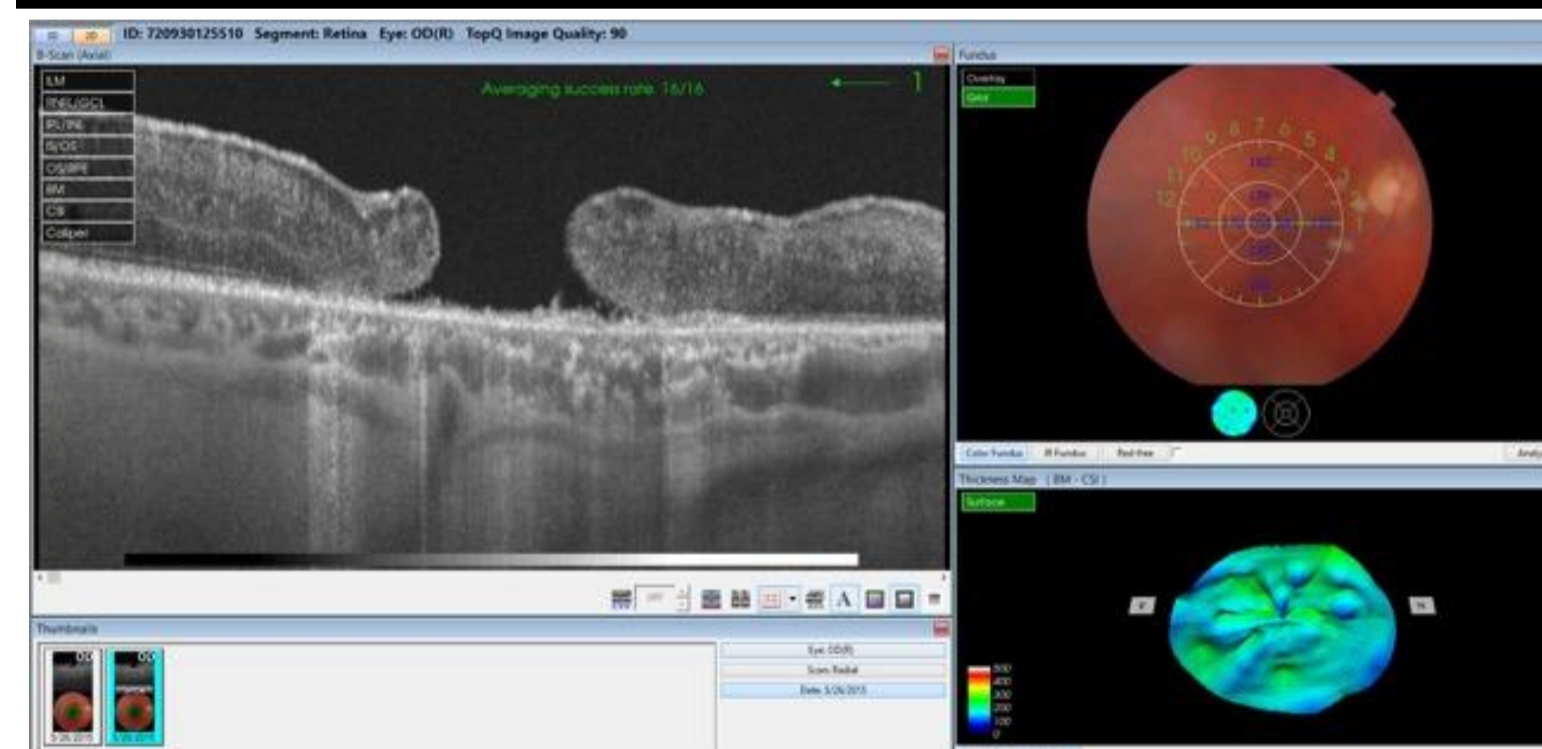
Nr	Sex	Age at presentation	Ocular manifestations	Systemic manifestations	HLA B51	Medical treatment	Surgical treatment	VA at presentation	VA latest visit
1	M	26	Anterior uveitis OD. Panuveitis, retinal vasculitis, retinal detachment OS	Oral aphthosis, urethritis, circular balanitis	+	Prednisone, MP, MTX, CsA	Enucleation OS (2007)	OD 1.0 OS 0.8	OD 1,0 OS 0
2	M	34	Panuveitis and retinal vasculitis OU. Cataract OU. Macular hole OD.	Oral aphthosis, polineuropathy	+	Prednisone, MP, AZT, CsA, IF alfa, TA sub-Tenon	Phaco+IOL OD	OD 0.1 OS 0.9	OD CF 2m OS CF 1m
3	M	23	Panuveitis OU. Cataract OU. Glaucoma OD. Vitreous hemorrhage, retinal detachment OS	Oral and genital aphthosis, arthritis, meningitis	+	Prednisone, MTX, CsA, mycofenolate mofetil	Enucleation OS (2008)	OD 0.7 OS 0	OD CF 1m OS 0
4	M	15	Anterior uveitis OU Vitritis OU. Cataract OU. ERM OU.	Oral aphthosis, arthralgia	+	Prednisone, MP, MTX, AZT, CsA		OD 0.5 OS 0.2	OD 1.0 OS 0.8
5	K	30	Anterior uveitis with hypopyon OD.	Arthralgia	+	Prednisone		OD 0.7 OS 1.0	OD 1.0 OS 1.0
6	M	19	Panuveitis and vasculitis OU. Cataract OU. Retinal detachment OD. Neovascular glaucoma OU.	Epididymitis, oral aphthosis, arthralgia	+	Prednisone, MP, CsA, MTX, mycofenolate mofetil, rituximab	TPPV OD. TPPV+lensectomy OS. Bevacizumab ant.chamber OS	OD CF 1m OS 0.1	OD 0 OS CF 1m
7	M	28	Panuveitis OU. Retinal vasculitis OS. Cataract OS. Glaucoma OS.	Oral aphthosis, hearing problems.	+	Prednisone, MP, CsA		OD 0.4 OS 0.1	OD 0.8 OS 0
8	M	32	Panuveitis, retinal vasculitis OU. Macular hemorrhage OD. Cataract OU.	Genital aphthosis, headache	+	Prednisone, MP, CsA, MTX, adalimumab	Aflibercept intravitreal OD	OD 0.1 OS 0.2	OD 0.5 OS 0.4
9	K	40	Panuveitis OU. ERM, CME OD. Papilledema OU. Cataract OU.	Erythema nodosum, vertigo, hearing problems	+	Prednisone, CsA	TPPV+Phaco+IOL OD	OD 0.1 OS 0.2	OD 0.5 OS 0.6
10	K	44	Anterior uveitis OU. Cataract OU. Glaucoma OS.	Oral aphthosis, erythema nodosum, vein thrombosis, polineuropathy	+	Cyclophosphamide, MP, prednisone, AZT, MTX	Phaco+IOL OS. Trabeculectomy OS.	OD 0.6 OS 0.2	OD 0.2 OS CF 1m
11	M	25	Retinal vasculitis, papilledema OU.	Oral aphthosis, arthritis	+	Prednisone, MP, CsA		OD 1.0 OS 1.0	OD 1.0 OS 1.0
12	K	49	Scleritis OU. Anterior uveitis OD. Panuveitis OS. Cataract OU.	Oral aphthosis	+	Prednisone, MP, MTX, CsA, AZT	TPPV OS. Phaco +IOL OS.	OD 1.0 OS 1.0	OD 0.8 OS 0.8

OD-right eye, OS-left eye, OU-both eyes, MTX-methotrexate, CsA-cyclosporine, AZT-azathioprine, IF-interferone, TA-triamcinolone, MP-methylprednisolone, RD-retinal detachment, ERM-epiretinal membrane, CME-cystoid macular edema, TPPV-vitreotomy

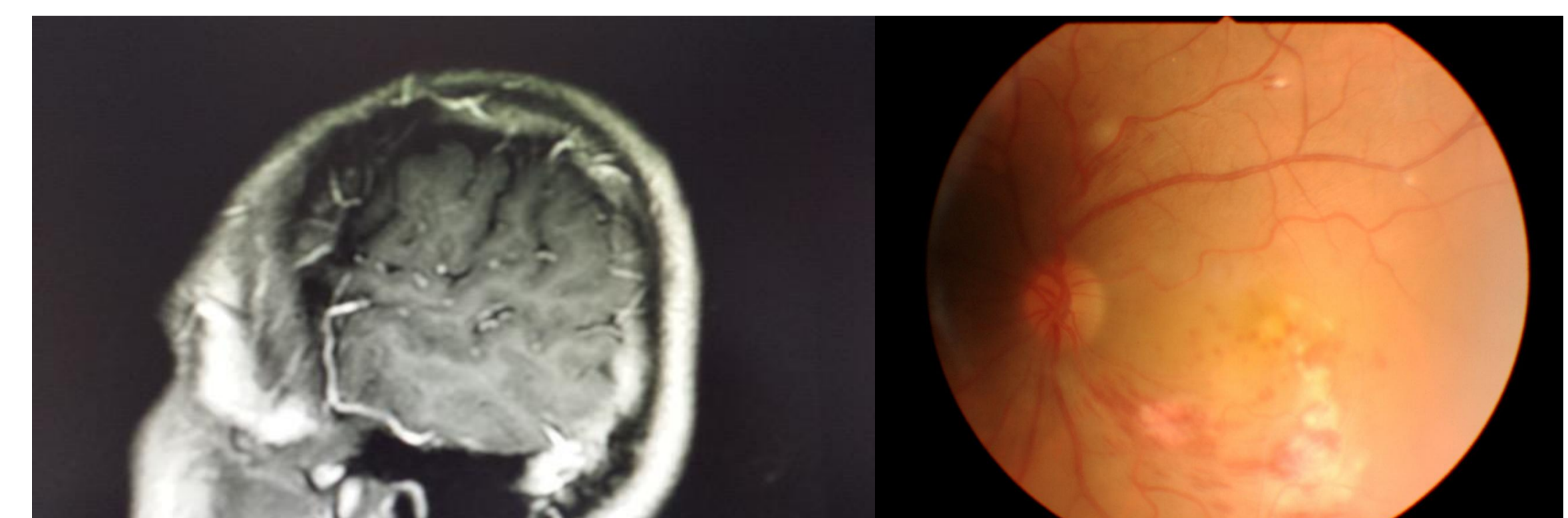
## Case 1 – OS infiltration with lymphocytes and plasma cells; total RD, gliosis (H+E, PAS)



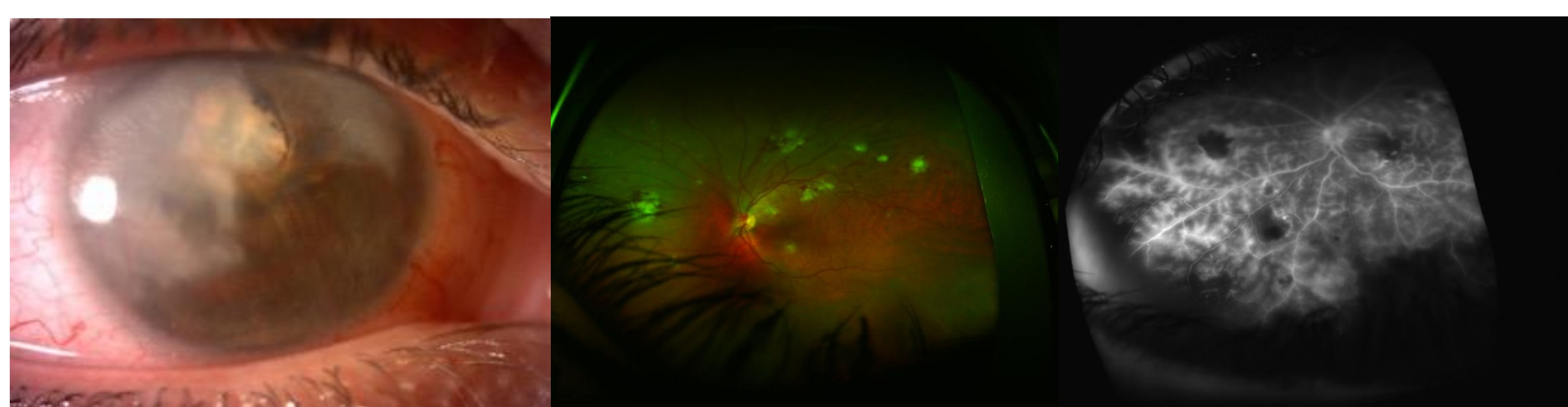
## Case 2 – OCT with macular hole OD



## Case 8 – Brain MRI (ischemic foci); Fundus OS



## Case 6 – Anterior segment OD; Fundus+FA OS



**Comments:** Behçet's disease is rare in Poland and thus the implication is delay in diagnosis and proper treatment, especially in cases that initially do not fulfill international criteria for Behçet's disease and present with sole ophthalmic manifestations.

## Conclusions:

- General ophthalmologists and rheumatologists should be aware of the possibility of Behçet's disease in patients from Central Europe
- Early referral to uveitis clinic and multi-specialistic collaboration is essential