A Rare Presentation of Behcet's Disease Detected Postoperatively

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ABSTRACT

Behcet's disease is a rare vasculitic disorder that presents as a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers and uveitis. Although the common symptoms may be present in patients with Behcet's disease, delayed wound healing can also occur due to environmental factors. A 16-year-old-boy operated for a non-communicating hydrocele presented to the emergency room shortly after discharge with a complaint of recurrent dehiscence and serous leak from the incision, despite being treated once. After detailed investigations, the patient was diagnosed with Behcet's disease and treated with colchicine and the wound and genital ulcerations were healed. Hence, Behcet's disease should also be considered when diagnosing and treating patients with deficient wound healing, a history of surgical interventions and different ulcer lesions after surgery.

Key Words: Behcet syndrome, Skin manifestations, Surgery

INTRODUCTION

Behcet's disease (BD) is a rare vasculitic disorder that presents as a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers and uveitis (1). The onset is insidious, with the peak age of onset being young adulthood (25–30 years); however, 4%–26% of cases have been reported in children aged <16 years (2). Although the common symptoms may be present in patients with BD, delayed wound healing may also occur due to environmental factors. Here we present the case of a 16-year-old boy diagnosed with BD after undergoing hydrocelectomy.
CASE REPORT

A 16-year-old boy presented to the hospital with a complaint of swelling on the left scrotum. Physical examination revealed the presence of a left non-communicating hydrocele, and hydrocelectomy was planned. Under general anaesthesia, left hydrocelectomy (Winkelmann’s procedure) was performed via a scrotal raphe incision that was closed with subcuticular sutures. There were no postoperative complications at the 24-hour follow-up until discharge.

On the 4th postoperative day, the patient presented to the emergency room with a complaint of dehiscence and serous leak from the incision (Figure 1). Daily wound dressing was performed for 12 days, but there was no sign of healing. Wound culture taken during the first presentation to the hospital was negative. The incision was repaired with non-absorbable sutures. Two days after the incision repair, the patient presented to the hospital again with a complaint of wound dehiscence. Moreover, he had ulcerations on the scrotum because of recurrent wound dressing (Figure 2). Because of the genital ulcerations, it was thought that the patient had a rheumatological disorder. Therefore, he was consulted to the rheumatology and dermatology departments and was subsequently hospitalised. An aphthous lesion occurred in his oral mucosa during the hospital stay (Figure 3). A deeper medical history taken from the patient revealed that he previously had a recurrent aphthous lesion in his mouth and erythematous lesions consistent with erythema nodosum on the skin of his leg. Dermatological, rheumatological and ophthalmological consultations were performed. There was no sign of uveitis on the ophthalmological examination. Clinical findings supported the existence of BD, although the pathergy test was negative. Local wound care and oral colchicine were prescribed. During the follow-up period, the wound was healing and genital ulcerations were gradually disappearing. There were no surgical complaints during the 12-month follow-up in the rheumatology department since the diagnosis of BD.

DISCUSSION

BD is a multisystem disease characterised by mucocutaneous and ophthalmological manifestations. Recurrent oral aphthae and genital ulcerations, erythema nodosum, papulopustular lesions, thrombophlebitis and positive pathergy test results are diagnostic factors for BD (3). In the present case, the patient had oral aphthae, genital ulcerations and a history of erythema nodosum, which led to the diagnosis of BD.

Hydrocele surgery is one of the most frequent surgical approaches in the inguinal region in children. After surgery, there is a 0.6%–1.4% rate of dehiscence of the incision (4, 5). This is an unexpected complication, unless the patient has a connective tissue disease or a lack of general hygiene. The most expected causes of this complication are wound infections, age younger than 12 months, median abdominal incision, and a history of emergent surgery. Other causes include concomitant systemic diseases, such diabetes, anaemia, and vasculitis (4).

In the present case, the patient’s lesions and history were suggestive of BD. After the investigations, the diagnosis became clearer and proper treatment was administered to the patient. After the treatment, the incision healed and there were no other complications. Moreover, other lesions, such as oral aphthae and genital ulcers, healed.

Recurrent wound dehiscence is a rare entity in children. In patients with a similar history, the causes mentioned in the present case must be investigated and eliminated. This is the first report on a case of BD occurring after a surgical approach with wound dehiscence in the English literature. BD should also be considered in patients with deficient wound healing, a history of surgical interventions and different ulcer lesions after surgery.

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