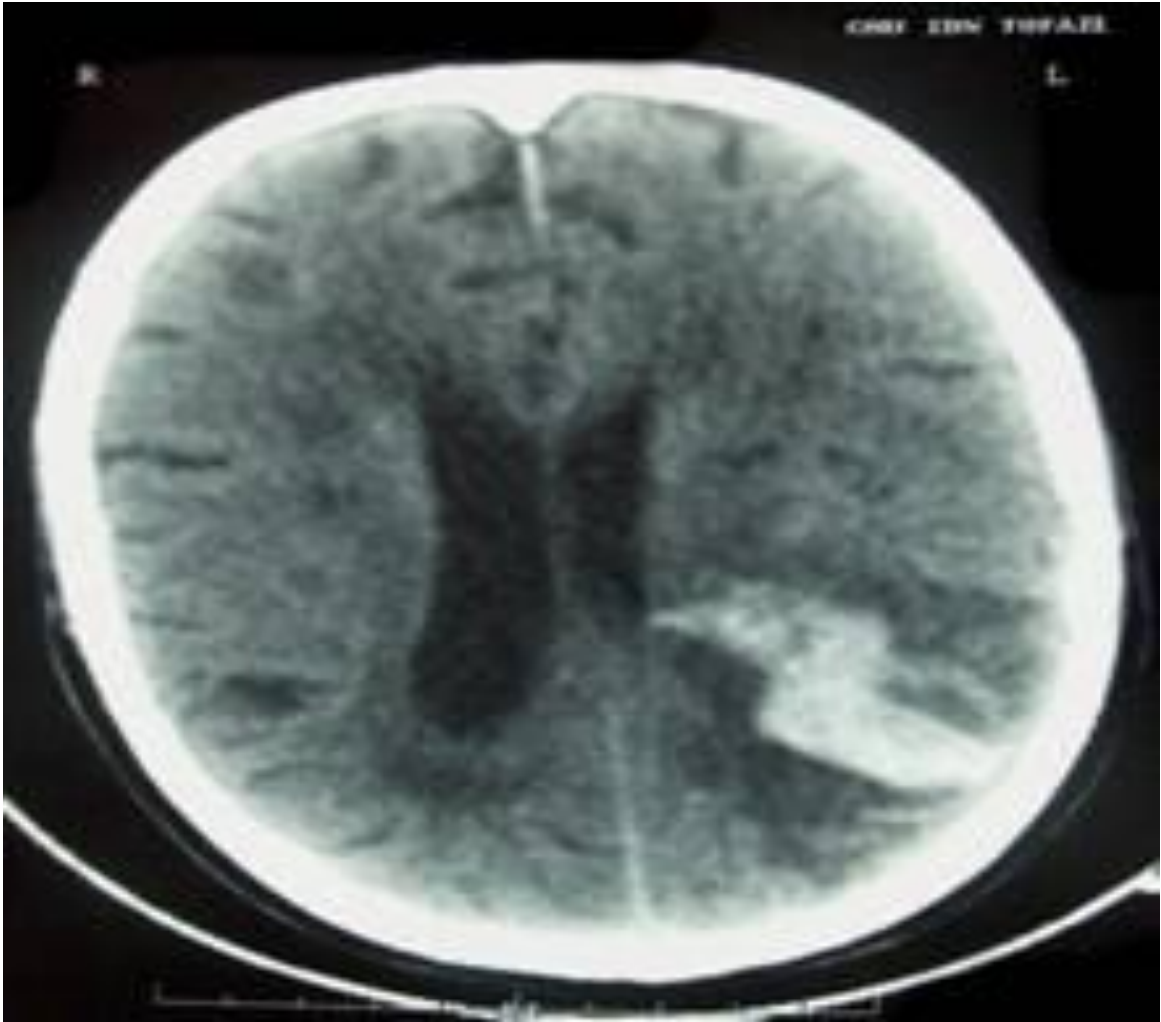


Moroccan clinical case

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- ✚ A 28-year-old Moroccan man
- ✚ One day ago: headache, vomiting
- ✚ On physical examination:
 - Glasgow Coma Score 15
 - Temperature: 37°2 C, , blood pressure 120/70 mmHg, pulse rate 80 beats/mn
 - Neurological examination: normal
 - Systems otherwise normal





✚ Laboratory tests:

- Hemogramm:

- Haemoglobin 12g/dl

- White blood cells $7000/\text{mm}^3$ (neutrophils 2600, lymphocytes 3700)

- Platelets count $240000/\text{mm}^3$

- Sedimentation rate: 30 mm

- C-Reactive protein: 6mg/l

- Seric protein electrophoresis: normal
- Na, K, Ca, Ph, total cholesterol, HDL & LDL fractions, triglycerides= normal
- Proteinuria of 24 hours= negative

What are your hypotheses for
the diagnosis?

- Arteriovenous malformation? Aneurysm?
- Tumor?
- Bacterial endocarditis with mycotic aneurysm?
- Coagulation abnormality?
- Iatrogenicity?

- Infectious arteritis?
- Amyloidosis?

- Radiology:

- Arteriography: normal

- Transthoracic echocardiography: normal

- supra-aortic trunk echodoppler: normal

- Biology:

- Thrombophilia and APL search: negative

- Syphilis and HIV serologies: negative

- Symptomatic treatment:
 - Antiemetics
 - Paracetamol
 - Nursing

Few days later.....





- Scrotal scar
- Pseudofolliculitis lesions in the trunk
- Positive pathergy test



Behçet's disease

- Treatment:
 - Oral prednisone: 1mg/kg/day
 - Colchicine: 1mg/day
 - azathioprine: 3mg/kg/day
- Evolution: favourable
- Follow-up: 12 months

Neuro-Behçet's disease

- ✚ Peripheral involvement
- ✚ Parenchymal CNS involvement:
 - Brainstem, hemispherical, spinal cord and meningoencephalic manifestations
- ✚ Non parenchymal CNS involvement:
 - Dural sinus thrombosis+++
 - Arterial aneurysms

Akman-Demir G, Brain 1999; 122: 2171-81

Siva A, J Neurol 2001; 248: 95-103

Age, sex	BD symptoms	Duration between BD and neurological signs	Treatment	outcome
30, M	Genital ulcers, recurrent uveitis	2 years	Steroïds	Favourable
48, M	Genital ulcers, uveitis, fever	1 month	steroïds	favourable
30, M	oral aphthae, genital ulcers, pseudo-folliculitis, a positive pathergy test	1 year	-	Death

Behçet's disease

- Only 3 cases in literature
- Intracranial haemorrhage: caused by vasculitic changes
- No consensus for treatment
- Steroids, immunosuppressive therapy, anti-TNF
- Patients from the Silk Road+++

Thank you for your attention