

HISTORY

- 1937 : HULUSI BEHCET (Uveitis + Bipolar ulcer)
- Mediterranean + Far East
- Silk Road
- First arterial lesions descriptions :

• aneurysmal : Mishima (aorta) : 1961

Oshima (ulnar artery): 1963

occlusive : CHAVATZAS (popliteal artery) : 1974



MATERIAL AND METHODS

- 55 patients
- mean age = 32,7 years old (22 à 54)
- Sex = 49 $\sqrt[3]{6}$
- Country of origin: Morocco
- Time to onset: * 7-8 years on average after the first venous event.
 - * 17 patients = inaugural complication (+++).

CRITERIA OF DIAGNOSIS BEHÇET'S DISEASE INTERNATIONAL STUDY GROUP CRITERIA

Recurrent oral ulcers



- Recurrent genital aphtosis
- Ocular manifestations
- Skin manifestations
- Positive pathergy test













CRITERIA OF DIAGNOSIS (Suite)

- 36 had recurrent oral aphthous ulceration associated with at least two criteria.
- The others: Any. Sacciforme + Bipolar ulcer (young patient, absence of other causes).
- Recruitment: internal medicine, dermatology, ophthalmology, emergency ...

LOCATION

55 patients: 64 aneurysms, 4 stenosis (3 lower limb, 1 internal carotid)

artery)

Femoral	= 24
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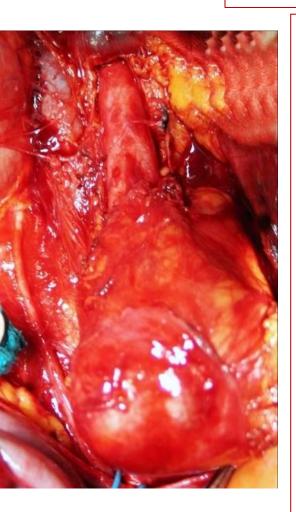


MEDICAL TREATMENT

- Corticosteroid + immunosuppressants (cyclophospharmide and azathioprime)
- Relayed by colchicine + antiplatelet
- If inflammatory syndrome (sedimentation rate + c reactive protein): 111
 - Preoperative corticosteroid therapy (30 patients)
 - Should not delay the surgery (1 case of rupture)



SURGICAL TREATMENT



Aortic aneurysm (22):

■ Tube = 12

Resection of the aneurysmal sac +aortobifemoral bypass = 4

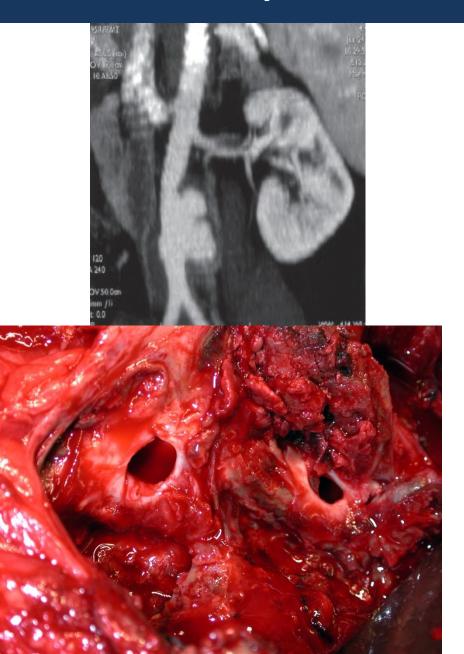
+ bypass biliaque = 2

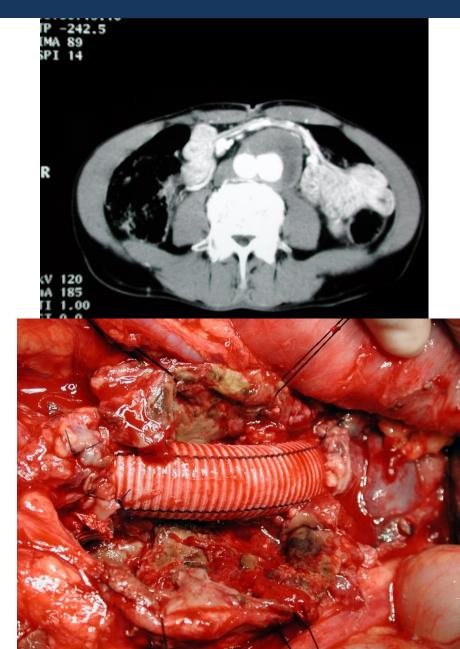
+ patch = 4

Associated procedure :

Renal revascularization = 2

Visceral revascularization = 2



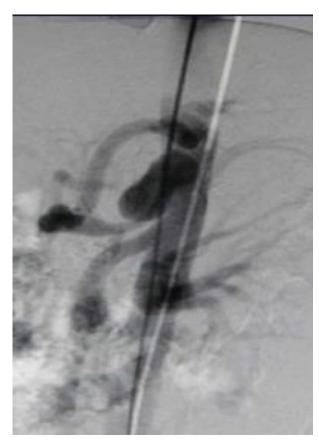






SURGICAL TREATMENT

Celiac aortic aneurysm (5):





SURGICAL TREATMENT

Femoral involvement (24)

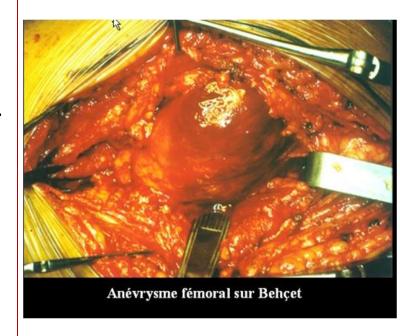
Bypass: Venous = 4

Prosthetic = 14

Patch = 2

Ligation = 3

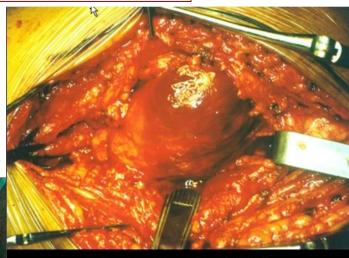
covered stent (saphenous vein) = 1



SURGICAL TREATMENT

Femoral involvement (24)



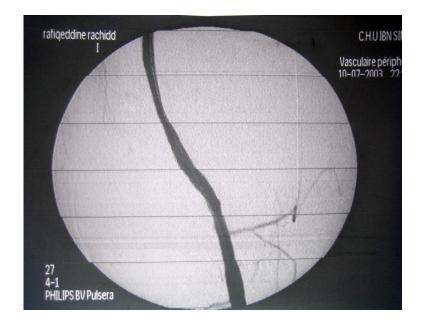


Anévrysme fémoral sur Behçet









SURGICAL TREATMENT

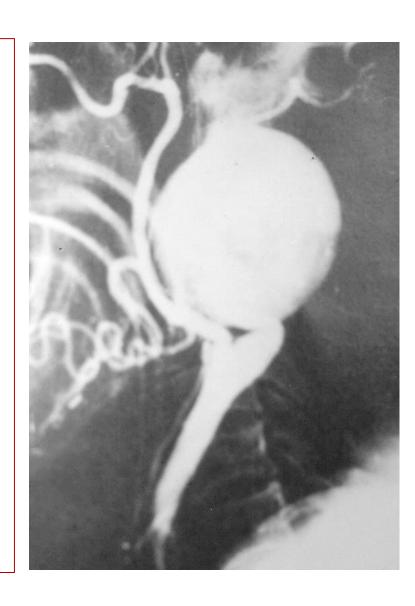
 Iliac involvement (5) Occlusion Prosthetic bypass 	= 1 = 4
 Popliteal aneurysm (4) bypass: 	- -
Venous (saphenous vein)Prosthetic	= 3 = 1
Leg artery (4)	
• Ligature	= 2
 False aneurysm Anastomotic 	= 1
Left anterior tibial artery	= 1
 Venous graft (saphenous vein) 	
• tibial peroneal trunk	= 1
• Left I trunk	= 1

SURGICAL TREATMENT

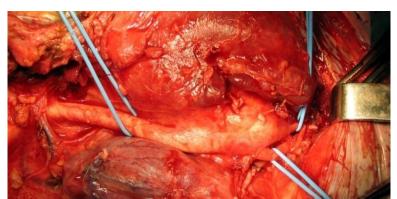
Carotid artery (5): (common carotid artery = 3 ischemic attack = 2)

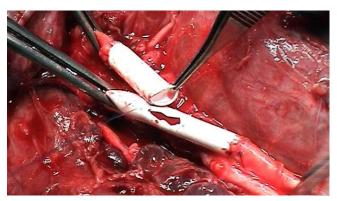
- Thromboendarterectomy = 1
- Resection + anastomosis end to end = 1 (internal carotid artery Any)
- Ascending aorta carotid bypass. (sterno) = 1 (left common carotid artery)
- Carotid-carotid interposition prosthetic = 1
- Prosthetic rehabilitation of the carotid tripod = 1

- 44 years old woman
- Behçet been treated for 4 years
 - Bipolar ulceration, uveitis, cutaneous hyperesthesia, IVC thrombosis, polyarthralgias
- Arteriography : Left ICA any
- Treatment : Resection + anastomosis end to end
- Histology : Panvasculitis

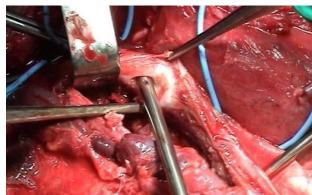




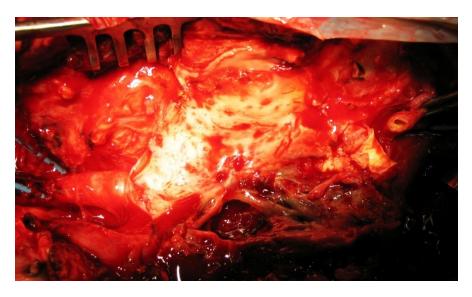




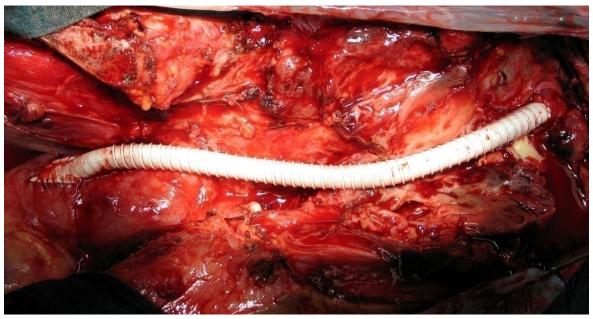














SURGICAL TREATMENT

Upper Limb. (3)

Ligation = 1 (Radial artery)

Graft (saphenous vein) = 2 (Humeral artery)

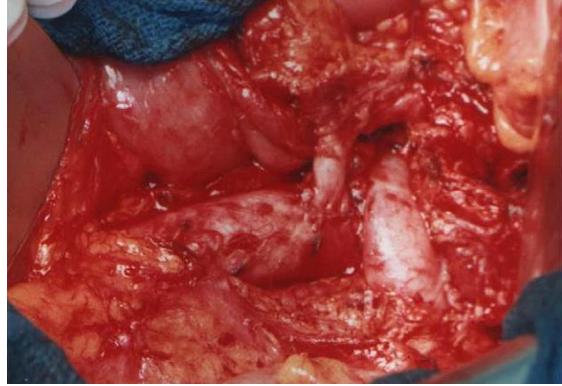
- Superior mesenteric artery (1)
 - Resection + reimplantation = 1

SURGICAL TREATMENT





5 M A: Resection + reimplantation = 1



POSTOPERATIVE RECOVERIES

- Aortic involvement (22)
 - 2 deaths:
 - > Hemorrhagic shock by lackage.
 - ➤ Decompensated Behçet's disease (Cerebral thrombophlebitis + intestinal obstruction)
 - 1 early thrombosis + 2 iliac arteries dissections
 - 2 totally regressive paraparesis
 - 1 postoperative ilio-caval phlebitis with renal failure.

POSTOPERATIVE RECOVERIES

- Femoral involvement (24)
 - 3 early thrombosis: Embolectomy
 - 2 asymptomatic thrombosis: no treatment
- Iliac involvement (5)
 - 1 death: multi-system organ failure (Behçet)
 - Thrombosis of an iliofemoral bypass
- Carotid involvement (5)
 - 1 Ischemic stroke

DISTANT RESULTS

Mean follow-up: 10 years.

Patients lost to follow-up: 16

intermittent claudicating = 6

Anastomotic aneurysm = 5 cases (2 aortics)

Secondary Location = 6

• 1 iliac Any:
→1 carotid location

• 2 aortic Any: →2 femoral locations

Prosthesis infection = 1

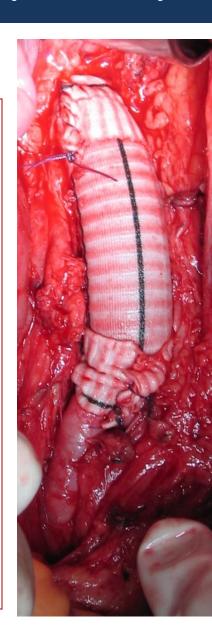
Aorto-enteric fistula = 1

CONCLUSION (I)

- Frequency largely underestimated: Lakhampal's work.
- The occurrence of arterial complication does not appear to be related with age, sex, disease duration, clinic, treatment monitoring, and the presence or absence of HLA B5.
- The lesion is usually aneurysmal: Aorta, femoral artery, pulmonary artery in most series.
- Multiple locations.
- Avoid arteriography (angioscan, Angio MRI +++)

CONCLUSION (II)

- Formal surgical indication : aneurysmal lesion
- Moderate surgical indication : stenosis .
- Difficult surgery: inflammation (+++), weak artery wall.
- anastomotic aneurysms are frequent:
 Interest of Banding, sutures supported by
 Teflon patch ...
- Avoid vein grafts (pathological vein), PTFE rather than Dacron.



CONCLUSION (III)

- Complications of surgery prohibitive (lackage, thrombosis, dissection, anastomotic aneurysm ...) → large indication of ligations (H Tuzu. Cardiovascular Surgery. 1993).
- Interest of non-invasive surgical technics: aortic endoprosthesis (Kawaguchi, Vasseur), Stent +ICA aneurysm coil on false aneurysm (Bonnote).
- Immunosuppressant + corticoid on postoperative period (Weschler).
- Secondary location.

CONCLUSION (IV)

 Behcet's disease is rarely life-threatening, however, in case of arterial injury, mortality can reach 60%.

 Any aneurysmal arterial disease occurring in young patients, of Mediterranean origin, with no obvious cause, is a Behçet until proven otherwise.