European Respiratory Society
Annual Congress 2013

Abstract Number: 104

Publication Number: P1544

Abstract Group: 1.1. Clinical Problems

Keyword 1: Chronic disease **Keyword 2:** Interstitial lung disease **Keyword 3:** No keyword

Title: Thoracic determination of Behçet's disease

Prof. Dr Wiam 866 Elkhattabi hasnajabri@hotmail.fr MD [1], Prof. Dr Abdelaziz 867 Aichane hasnajabri@hotmail.fr MD [1], Dr. Hasna 868 Jabri hasnajabri@hotmail.fr MD [1], Dr. Regis 869 Bopaka hasnajabri@hotmail.fr MD [1], Prof. Dr Hicham 870 Afif hasnajabri@hotmail.fr MD [1] and Prof. Dr Zoubida 871 Bouayad hasnajabri@hotmail.fr MD [1]. [1] Respiratory Diseases, 20 Août 1953 Hospital, CHU IBN ROCHD, Casablanca, Morocco .

Body: Bechet's disease is a multisystemic vascularitis of unknown etiology. Thoracic lesions are dominated by venous and arterial diseases.We analyzed all cases of Behçet's disease with thoracic lesions identified between January 1997 and June 2012.The study included 21 patients. The average age was 34 years with a male predominance (86%). Six patients were followed for Behçet's disease previously.Hemoptysis and superior vena cava syndrome were the most common signs. Chest CT has confirmed thrombosis of the superior vena cava in 15 patients, and pulmonary artery aneurisms in 6 patients, three of them were complicated by thrombosis. Patients followed for thrombosis of the superior vena cava received anticoagulant therapy, corticosteroid and / or immunosuppressive therapy.The combination of corticosteroids, colchicine and / or immunosuppressive drugs were prescribed in patients with pulmonary aneurysms before surgical treatment. The main cause of death was massive hemoptysis, two patients has died immediately after diagnosis.Thoracic lesions of Behcet’s disease are not rare in Mediterranean countries, diagnosis is easy with CT, but there’s a lake in treatment. In these cases, prognosis is conditioned by thoracic lesions.