中文題目：病例報告 ： 畢賽氏症候群的腸道表現
英文題目：A case report: Intestinal Behçet’s disease
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Abstract:

This 68-years-old woman has been diagnosed Behçet’s disease for 5 years. This time, she was admitted due to urinary tract infection initially. She complained of right lower quadrant pain intermittently, and persistent elevated CRP was still noted after the whole course of antibiotics treatment. CT scan of abdomen showed segmental bowel wall thickening at distal/terminal ileum, ascending colon and proximal transverse colon. Colonoscopy revealed skipping round ulcers, from terminal ileum, ileocecal valve, cecum to descending colon.

Behçet’s disease (BD) is a chronic relapsing disease with multiple organ system involvement. Intestinal BD is rare. There have been no precise diagnostic methods for intestinal BD. Although ileocecal involvement is most commonly described, BD may involve any segment of the intestinal tract. A few, large, round/oval shape, deep ulcerations are characteristic endoscopic findings. The presence of intestinal lesions is a poor prognostic factor, causing perforation and massive bleeding. Clinical evidence regarding the management of patients with intestinal BD is limited. Sulfasalazine and 5-ASA have been the traditional mainstay of therapy. Corticosteroids, immunomodulators, and anti-tumor necrosis factor alpha monoclonal antibody therapy are available in patients with moderate to severe disease. Surgery is reserved for those who are resistant to medical therapy.