

# **POSTER PRESENTATION**

**Open Access** 

# PReS-FINAL-2363: Behçet's disease in children: the Great Ormond Street Hospital experience

S Nanthapisal<sup>1,2\*</sup>, D Eleftheriou<sup>1</sup>, Y Hong<sup>1</sup>, N Klein<sup>1</sup>, PA Brogan<sup>1</sup>

From 20th Pediatric Rheumatology European Society (PReS) Congress Ljubljana, Slovenia. 25-29 September 2013

### Introduction

Behçet's disease (BD) is rare in childhood and remains challenging in diagnosis and lack of evidence-based data for its treatment. Hence there is an urgent need to understand the scope of the disease in children.

# **Objectives**

The aim of this study is to describe the clinical spectrum and the therapies used to treat children with Behçet's disease (BD) in children.

## **Methods**

46 patients (22 male) were identified with a positive family history of BD in 6 cases. Age of onset was 4.87 (0.04-15.71) years with a time to diagnosis of 3.74 (0.25-13.48) years. The main clinical features at presentation were: recurrent oral ulceration (87%), genital ulceration (20%), cutaneous symptoms (11%), fever (30%), gastrointestinal symptoms (26%), musculoskeletal (22%). uveitis (2%). Recurrent genital ulceration was significantly more common in female patients (P = 0.044). The majority of children were treated with colchicine (74%) and corticosteroid (41%). Anti TNF-a treatment was reserved for severe and/or refractory cases (15%). There was a median of 2 (range 0-12) episodes of oral ulceration per year after the treatment. Interestingly only 10 patients fulfilled The International Study Group (ISG) BD diagnostic criteria.

#### Results

46 patients (22 male) were identified with a positive family history of BD in 6 cases. Age of onset was 4.87 (0.04-15.71) years with a time to diagnosis of 3.74 (0.25-13.48) years. The main clinical features at presentation were: recurrent oral ulceration (87%), genital ulceration

(20%), cutaneous symptoms (11%), fever (30%), gastrointestinal symptoms (26%), musculoskeletal (22%). uveitis (2%). Recurrent genital ulceration was significantly more common in female patients (P=0.044). The majority of children were treated with colchicine (74%) and corticosteroid (41%). Anti TNF-a treatment was reserved for severe and/or refractory cases (15%). There was a median of 2 (range 0-12) episodes of oral ulceration per year after the treatment. Interestingly only 10 patients fulfilled The International Study Group (ISG) BD diagnostic criteria.

#### **Conclusion**

Although most cases were diagnosed in late childhood the first presentation was as early as 1 month old. Delay in diagnosis due to incomplete presentation in certain cases. Oral ulceration was the most common presenting symptom. Uveitis was less frequent than previous series. A range of drugs was used including biologic therapy for severe cases.

# **Disclosure of interest**

None declared.

#### Authors' details

<sup>1</sup>UCL Institute of Child Health, London, UK. <sup>2</sup>Paediatrics, Thammasat University, Pathumthani, Thailand.

Published: 5 December 2013

doi:10.1186/1546-0096-11-S2-P353

Cite this article as: Nanthapisal *et al.*: PReS-FINAL-2363: Behçet's disease in children: the Great Ormond Street Hospital experience. *Pediatric Rheumatology* 2013 11(Suppl 2):P353.

<sup>1</sup>UCL Institute of Child Health, London, UK Full list of author information is available at the end of the article

