Scientific Abstracts
Publication Only
Behcet`s disease

PDF

AB0059 THE EFFECT OF GENDER ON CLINICAL FINDINGS IN BEHÇET'S DISEASE

B. C. Uludogan [1] , M. Dinler [1] , R. Yildirim [1] , Y. Saglan [2] , N. S. Yasar Bilge [1] , T. Kaşifoğlu [1]

1. Eskişehir Osmangazi University, Rheumatology, Eskişehir, Turkey

2. Eskişehir Osmangazi University, Family Medicine, Eskişehir, Turkey

Abstract

Background: Behçet's Disease (BD); is characterized by oral and genital ulcers, arthritis, skin manifestations, uveitis, gastrointestinal tract and central nervous system involvement [1]. Although it is known to be more severe in men, there are studies in the literature with conflicting results regarding gender and the distribution of clinical findings.

Objectives: This study aimed to examine the relationship between clinical findings and gender in BD patients and to compare our results with the literature.

Methods: According to the classification criteria of the International Study Group, 506 patients diagnosed with Behçet's disease were included in the study. Demographic data and laboratory and clinical findings of the patients were obtained retrospectively from hospital records, and the distribution of clinical findings by gender was evaluated.

Results: A total of 280 males (55.3%) and 226 females (44.7%) were included in the study. The mean age at the beginning of symptoms was 23.00±10.23 years, and the mean age at diagnosis was 29.00±9.62 years. There was no significant difference between male and female patients in terms of age at diagnosis (p:0.662). Genital ulcer (47.6% vs 52.4%, p:0.011), superficial thrombophlebitis (20.9% vs 79.1%, p:0.002), uveitis (33.7% vs 66.3%, p:0.02), deep vein thrombosis (DVT) (22.5% vs 77.5%, p:0.00) and pulmonary artery aneurysm (PAA) (11.1% vs 88.9%, p:0.046) were more common in males. There was no significant difference between the sexes in other clinical findings (Table 1). The rate of smoking was higher in male patients than in females (p:0.00). Family history of oral ulcer and Behçet's disease were similar in both sexes (p: 0.310 and p: 0.858, respectively). There was no difference between the sexes in HLA B5 and pathergy test positivity (p: 0.783 and p: 0.234, respectively).

PDF Help

Conclusion: BD is a multi-systemic vasculitis that occurs in young adults and gender may affect clinical findings. Similar to the literature, the male-female ratio was 1.23 in our study [2]. Genital ulcers, superficial thrombophlebitis, uveitis, DVT, and PAA were more common in male patients than in females, and the difference was statistically significant. Other forms of vascular involvement (Budd Chiari, vena cava superior and inferior syndrome, pulmonary thrombus and coronary artery aneurysm) were more common in men, but the difference was not statistically significant due to the low number of patients. Considering the effect of vascular involvement on mortality, it can be concluded that it is more severe in men. In the literature, there are also studies showing that genital ulcers and joint findings are at the forefront in women, and eye, skin, and vascular involvement are more common in men [3]. Although studies are showing that genetic risk is higher in men and genetic factors play a role in the different presentation of the disease, we could not show a relationship between gender and HLA B5 positivity in our patient population [4]. In conclusion, gender has an impact on the clinical manifestations of BD and should be considered in patient follow-up. However, it is a heterogeneous disease, other factors may certainly affect the emergence of clinical findings.

REFERENCES: [1] Yazici Y, Hatemi G, Bodaghi B et al (2021) Behçet syndrome. Nat Rev Dis Primers 7(1):67.

[2] Ugurlu N, Bozkurt S, Bacanli A, Akman-Karakaş A, Uzun S, Alpsoy E. The natural course and factors affecting severity of Behçet's disease: a single-center cohort of 368 patients. Rheumatol Int. 2015; 35:2103–7.

[3] Bonitsis NG, Luong Nguyen LB, et al. Gender-specific differences in Adamantiades-Behçet's disease manifestations: an analysis of the German registry and meta-analysis of data from the literature. Rheumatology (Oxford). 2015; 54(1):121-33.

[4] Jo YG, Ortiz-Fernández L, Coit P, et al. Sex-specific analysis in Behçet's disease reveals higher genetic risk in male patients. J Autoimmun. 2022; 132:102882.

TABLE 1 Comparison of clinical features of patients by gender

Clinical findings	Incidence by gender			Test value x^2; p
	Female (n:226) N (%)	Male (n:280) N (%)	Total (n:506) N (%)	
Oral ulcer	226(44.9)	277(55.1)	503(99.4)	Fisher; 0.257
Genital ulcer	189(47.6)	208(52.4)	397(78.5)	6.459 ; **0.011**
Uveitis	63 (33.7)	124(66.3)	187(37.0)	14.699 ; **0.000**
Arthritis	54 (43.2)	71 (56.8)	125(24.7)	0.144 ; 0.704
Ostiofolliculitis	149(43.1)	197(56.9)	346(68.4)	1.134 ; 0.287
Erythema nodosum	87 (44.4)	109(55.6)	196(38.7)	0.010 ; 0.921
Superficial thrombophlebitis	9 (20.9)	34 (79.1)	43 (8.5)	9.599 ; **0.002**
Deep vein thrombosis	23 (22.5)	79 (77.5)	102(20.4)	25.884; **0.000**
Sinus vein thrombosis	16 (44.4)	20 (55.6)	36 (7.2)	0.000; 1.000
Central nervous system (parenchymal)	13 (31.7)	28 (68.3)	41 (8.2)	2.516; 0.113
Gastrointestinal system	5 (50.0)	5 (50.0)	10 (2.0)	Fisher; 0.757
Pulmonary artery aneurysm	1 (11.1)	8 (88.9)	9 (1.8)	Fisher; **0.046**
Budd Chiarı	0 (0.0)	3 (1.1)	3 (0.6)	Fisher; 0.256
Inferior vena cava syndrome	3 (30.0)	7 (70.0)	10 (2.0)	Fisher; 0.523
Superior vena cava syndrome	3 (37.5)	5 (62.5)	8 (1.6)	Fisher; 0.737
Pulmonary artery thrombosis	4 (26.7)	11 (73.3)	15 (3.0)	1.326; 0.250
Coronary artery aneurysm	0 (0.0)	3 (100.0)	3 (0.6)	Fisher; 0.256

Download figure

PDF

Help

Open in new tab

Download powerpoint

Acknowledgements: NIL.

Disclosure of Interests: None declared.

https://doi.org/10.1136/annrheumdis-2024-eular.4801

bmjcareers

Consultant in Rheumatology

Manchester | **£113,565 to £150,569 per annum (pro rata)**

There is an exciting opportunity for a Consultant in Rheumatology and Acute Medicine or Rheumatology to join the team working across Wythenshawe

Recruiter: Manchester University NHS Foundation Trust

Apply for this job

Clinical Research Fellow

London | **£76,582 per annum /pro rata plus London Weighting Zone**

The Clinical Research Fellow will be a part of the rheumatology research team, working alongside King's College London colleagues

Recruiter: King's College Hospital NHS Foundation Trust

Apply for this job

Consultant specialist doctor

Canada (CA), British Columbia, Vancouver | **Approximately £230 000 / year + Benefits**

Thinking of Moving to Canada? Your Dream Career Awaits in Beautiful British Columbia.

Recruiter: Terranova

Apply for this job

Consultant specialist doctor

Canada (CA), British Columbia, Vancouver | **Approximately £230 000 / year + Benefits**

Thinking of Moving to Canada? Your Dream Career Awaits in Beautiful British Columbia.

PDF

Help

BMJ Group

Website Terms & Conditions

Privacy & Cookies

Contact BMJ

Cookie settings

Online ISSN: 1468-2060 Print ISSN: 0003-4967

© BMJ Publishing Group Ltd. All rights, including for text and data mining, AI training, and similar technologies, are reserved.

PDF

Help