Subject

Abstract submission 18th International Conference on Behcet's

Disease

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Dear Mr. Shahram,

Submission

Your abstract submission for the '18th International Conference on Behçet's Disease' is now complete. You can use your login name to enter the abstract submission application to view your abstract. It is still possible to submit another abstract. However, no further changes in your submitted abstract can be made.

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I hope to have informed you sufficiently.

With kind regards, Ms. Bernice Beukenkamp Senior Conference Manager

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You have submitted the following abstract:

Abstract title Pediatric Behcet's Disease; Report of 204 cases from

the Iran registry of Behcet's disease

Introduction

Pediatric Behcet's disease (PED-BD) is a well-recognized form of the disease with different presentation in various parts of the world.

Aims

To report the characteristics of PED-BD in a cohort of patients from Iran's registry and compare them with different reports throughout the world.

Methods

From a cohort of 7504 Iranian patients with Behcet's disease those diagnosed before the age of 16 years were included in this study. Data was collected on a standard protocol comprising 105 items, including demographic features, type of presentation, and different clinical and laboratory findings. A confidence interval (CI) at 95% for each item, and a standard deviation (SD) for the means was calculated. Comparisons were done by independent t or Mann–Whitney U, and chi-square tests. P-values less than 0.05 were considered statistically significant.

Results

PED-BD was seen in 2.7% of patients. The male/female ratio was 1.02/1, and the mean age at onset was 10.5 ± 3.4 . Positive familial history for BD was present in 9.9% of patients, and for oral aphthosis (OA) in 46.3%. As a first manifestation, OA was the most frequent (75%) followed by ocular lesions in 19.1%, genital ulcers (GU) in 7.4% and joint involvement in 4.9%. The prevalence rates of various manifestations were as follows: OA: 91.7%; GU: 42.2%; skin: 51.5% (pseudofolliculitis: 43.1%, erythema nodosum: 10.3%); ocular lesions: 66.2% (anterior uveitis 52%, posterior uveitis 58.3%, retinal vasculitis 39.7%); articular manifestations: 30.9%; neurological involvement: 4.9%; vascular involvement: 6.4% (venous 4.9%, arterial 2.5%); gastrointestinal manifestations: 5.9%; epididy mo-orchitis: 8.7% (boy s). The laboratory findings were as follows: High ESR (\geq 20): 50.8%; abnormal urine: 14.1%; positive pathergy test: 57%; HLA-B5/51: 48.7%); and HLA-B27: 13.4%. ICBD criteria has the highest sensitivity for the classification of PED-BD patients in Iran (91.7%).

Conclusion

The clinical spectrum of PED-BD in Iran in this study was similar to that of other reports; however, genital ulcers, skin lesions (notably erythema nodosum), and gastrointestinal involvement were noticed to occur less frequently, while ocular lesions were more frequent and more severe compared to other reports.

References

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