

Erythema Nodosum

[Nodosaur with Red Bumps on Legs](#)

Patients with Behcet disease may also present skin lesions such as erythema nodosum, which is defined as inflammation of the subcutaneous fat typically on the anterior shins. Other skin lesions that may be found include papulopustular lesions, pyoderma gangrenosum, and acneiform eruptions.

Uveitis

[UV-sunglasses](#)

Another clinical finding in Behcet disease are eye lesions. Patients may present with uveitis, keratitis, and retinal vasculitis. The eye disease is typically bilateral and usually presents after the onset of the ulcers.

Thrombosis

[Trombone](#)

Due to the vasculopathy caused by the inflammatory process in the vessels, patients with Behcet disease may present with thrombosis. Thrombosis may occur in the large veins and lead to deep vein thrombosis or Budd-Chiari syndrome, or may present with arterial thrombosis.

Diagnosis

Positive Pathergy Test

[Positive Patch-ghee](#)

A positive pathergy test aids in the diagnosis of Behcet disease. A positive test is defined as exaggerated skin ulceration with minor trauma such as the one produced with a needlestick. It is positive when an erythematous papule or pustule appears after 24-48 hours of a needle prick.

Management

Steroids

[Steroid-stairs](#)

Topical corticosteroids are indicated for oral and genital ulcers. Topical lidocaine can be added as a symptomatic treatment for pain. Systemic corticosteroids are also indicated in case of eye involvement, such as uveitis, and vasculopathy.

Immunosuppressants

[Moon-suppressed](#)

Immunosuppressive medications in addition to systemic glucocorticoids are indicated for the management of systematic involvement in Behcet disease. For instance, posterior uveitis requires management with intensive immunosuppression to avoid vision loss. The immunosuppressive regimen chosen depends on the severity and clinical involvement.