A novel treatment in the management of genital ulceration in Behçet’s disease

Sirs,
We have had recent positive experience with a novel treatment for severe hard to treat genital ulceration in a patient with Behçet’s disease (BD).
Genital ulceration is a commonly recognised manifestation of BD occurring in 60–90% of those diagnosed. It causes significant morbidity in sufferers (1).
Current treatment recommendations recommend initially using topical treatment with corticosteroid preparation. EULAR guidance indicates when genital ulceration is severe, immunosuppression such as azathioprine, interferon alpha and TNF antagonists can be used (2). There is also some evidence for the use of colchicine (3). A 54-year-old female with longstanding BD of fifteen years duration presented with a recurrent flare of severe genital ulceration. Other manifestations of her disease included episodes of oral ulceration, colitis, uveitis and recurrent urinary tract infections often resulting in bacteraemias.
Standard treatment of her genital ulcers with topical steroid and lidocaine gel had limited relief and at times she required catheterisation due to urinary retention because of local discomfort. This case highlights the use of a novel therapy which proved to be of significant symptomatic benefit to our patient. We will continue to use this in cases of hard to treat genital ulceration following our positive experience.

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Competing interests: none declared.

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References