Elderly-onset Behçet's disease presenting with uveitis in a 77-year-old woman

Sirs,

Behçet's disease (BD) typically affects young adults, and onset after the age of 50 is uncommon. Here, we report a 77-year-old woman diagnosed with BD during evaluation for anterior uveitis. A review of the literature indicates that this is the oldest documented case with initial ophthalmic presentation, emphasising the importance of considering BD even in elderly patients.

The patient presented to our uveitis clinic with a two-week history of pain, redness, and photophobia in the left eye. Best-corrected visual acuity was 0.8 in the right eye and 0.7 in the left eye. Slit-lamp examination showed mild ciliary injection, diffuse fine keratic precipitates, +2 anterior chamber cells, nuclear cataract, and vitreous cells in the left eye.

Dilated fundus examination revealed peripheral retinal atrophic patches in both eyes. Optical coherence tomography revealed a thin epiretinal membrane (ERM) in the temporal macula of both eyes. The right eye demonstrated scattered intraretinal cysts with focal RPE alterations, whereas the left eye showed a thin temporal ERM with focal RPE alterations but no intraretinal cysts in the optical coherence tomography (OCT) (Fig. 1 a-b). Fluorescein angiography showed diffuse multiple punctate hyperfluorescent spots corresponding to window defects due to retinal atrophy, without leakage in either eye (Fig. 1 c-f). The patient reported a similar ocular episode one year earlier, diagnosed as uveitis, but no systemic work-up was performed at that time. Her medical history included hypertension, diabetes mellitus, and chronic kidney disease. Systemic questioning revealed recurrent oral aphthae and intermittent skin lesions. Rheumatologic assessment identified erythema nodosum, a positive pathergy test (2/6). RF was positive, ANA and HLA-B27 were negative. Based on recurrent oral ulcers, skin lesions, ocular inflammation, and a positive pathergy test, the patient fulfilled the 1990 ISG criteria for BD. Colchicine and systemic immunosuppressive therapy were initiated. Her previous episode of uveitis was retrospectively considered a probable first BD attack.

Late-onset BD is uncommon, and onset after age 70 is exceedingly rare. Ziadé and Awada (6) reported two cases of BD onset after age 70. Another elderly-onset neuro-Behçet case was described by Shiraishi *et al*. (7). However, no previously published case has reported a new diagnosis of BD with ocular presentation in a patient aged 77 years, making our patient the oldest documented case to date.

The rarity of BD in elderly patients often leads to delayed or missed diagnosis. In older adults, clinicians may prioritise more common aetiologies of uveitis, such as herpetic disease, sarcoidosis, or ischaemic retinal vasculopathy. Additionally, elderly patients may exhibit incomplete or atypical BD manifestations.

In our case, despite the absence of overt retinal vasculitis, the presence of recurrent oral aphthae, erythema nodosum, positive pathergy reaction strongly supported the diagnosis. This highlights that ocular findings may be subtle or non-classic in late-onset BD. BD can rarely occur in elderly individuals. Recurrent oral ulcers, skin lesions, and unexplained uveitis, even in advanced age, should prompt evaluation for BD. This case represents the oldest reported patient diagnosed with BD presenting with ocular involvement and emphasises the importance of maintaining clinical suspicion regardless of patient age.

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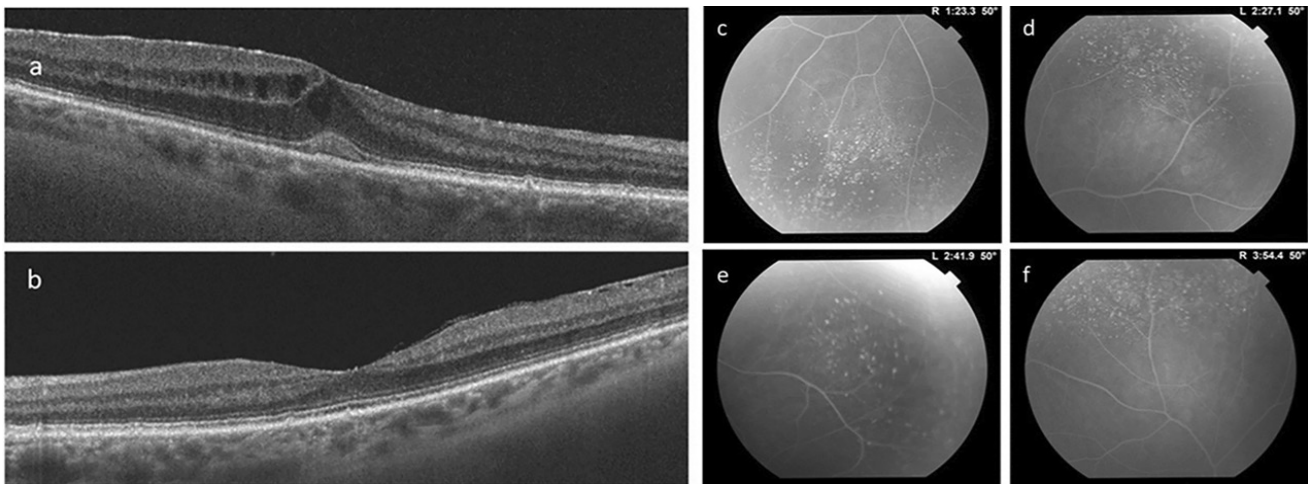

Fig. 1. a. Right eye: OCT showed a thin epiretinal membrane (ERM) in the temporal macula with intraretinal cysts. Focal areas of underlying retinal pigment epithelium (RPE) alteration are also evident.
b. Left eye: OCT showed temporal macula showing a thin epiretinal membrane similar to the right eye, accompanied by focal areas of RPE alteration.
c-**f.** Early and late-phase fluorescein angiography demonstrating diffuse multiple punctate hyperfluorescent window defects of both eyes. The lesions show non-progressive hyperfluorescence without leakage, consistent with atrophic retinal changes.