

# A case of Behçet's disease with multiple colon perforations

## Multipl kolon perforasyonlu Behçet Hastalığı

*To the Editor,*

A 20-year-old male patient presented to the Emergency Department with complaints of abdominal pain and fever. An air-fluid level was present below the right diaphragm. Extensive fibrous adhesions, localized abscesses, a 2x3 cm perforation on the tenia of the cecum, and two 2x2 cm perforations on the transverse colon were observed on the laparotomy (Figure 1). Extended right hemicolectomy and ileostomy were performed. Histopathological diagnosis was reported as ischemic colitis and hemorrhagic infarction. On ophthalmology consultation, sequelae of vitreous cells were evaluated in favor of uveitis. The patient also had a history of recurrent oral aphthae for four years and moderate congenital bilateral hearing loss, which was confirmed by audiogram. A treatment protocol consisting of Colchicum-dispert (colchicine), interferon-alpha, and salicylate for 20 days was initiated in the postoperative second week. He was followed on interferon treatment for six months, and then interferon was administered one day/week for three months. The ileostomy was closed in the postoperative third month. The patient is now in remission at the 24<sup>th</sup> month following the first operation and his medical treatment continues.

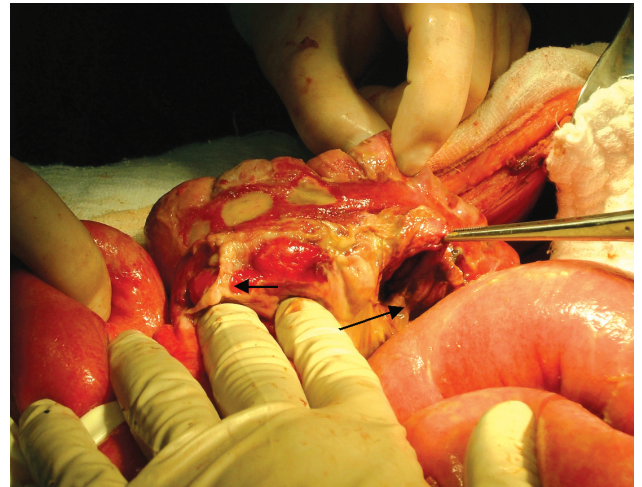
Behçet's disease is characterized by recurrent oral and genital ulcers, together with ocular and skin lesions. In addition, gastrointestinal, respiratory, vascular, and neurological symptoms have been described (1). The essential pathology in gastrointestinal Behçet's disease is vasculitis and inflammation, with primary involvement of the venules. While onset in Behçet's disease is most frequently seen around the age of 30 years, gastrointestinal involvement generally occurs at approximately 40 years of age (2). The initial age of disease in this case and the timing of colon perforation were both significantly below the associated mean ages reported in the literature.

A special feature of the form of Behçet's disease in-

volving the gastrointestinal system is a course of recurrences and remissions (2). Acute and chronic inflammation, pseudopolyp formation, linear ulcers, and crypt abscesses may be observed in the colon. Intestinal perforations often occur freely, and are generally multiple with a tendency to recur (1). An important feature of the case presented in this article is that the patient presented with colonic perforation during the first acute attack.

The treatment of Behçet's disease has not yet been established completely. The necessity of medical treatment is to relieve the symptoms, lessen the inflammation and prevent the recurrences. According to the authors, combined therapy has been suggested for the best recovery (3, 4).

In conclusion, although it is rare, consideration of Behçet's disease will facilitate the diagnostic evaluation in cases presenting with distal ileum and colonic perforations. Our treatment standard is characterized by a team approach including a general surgeon, rheumatologist, immunologist, ophthalmologist, and a dermatologist.



**Figure 1.** Surgical images of perforation and ulcerating plaques of the colon (marked by arrows).

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## A case of severe acute hepatitis due to oral intake of firecrackers

Çatapatın oral alımına bağlı gelişen akut ciddi hepatit vakası

*To the Editor,*

A firecracker is an explosive substance containing yellow and red phosphorus, potassium chloride and antimony, and it is used for celebrations during holidays in Turkey (Figure 1). We report herein the case of a paranoid schizophrenic who presented with acute severe hepatitis after ingestion of firecrackers.

A 39-year-old male paranoid schizophrenic who swallowed 15 firecrackers was brought to the emergency department by his family. He had nausea and mild abdominal pain. His physical examination was unremarkable. As he had swallowed the firecrackers one hour before, gastric lavage was done and medicinal charcoal was given. The patient was taken to the intensive care unit in order to follow the possible cardiac and metabolic side effects of these substances and to support vital functions. Blood values showed no abnormality in the first 24 hours, but the severity of nausea and vomiting increased, and severe abdominal pain started. Biochemical tests showed an increase in the serum levels of liver enzymes and bilirubin. He had leukopenia, thrombocytopenia and an increased prothrombin time (PT) (Table 1). Plain abdominal X-rays and abdominal ultrasound were normal. Other causes that could elevate liver enzymes were eliminated. Supportive treatment with intravenous fluids, electrolytes, antiemetics, and N-acetyl cysteine was started. The long PT persisted, and liver enzymes were even higher without signs of encephalopathy. Acute severe hepatitis caused by yellow phosphorus intoxication is an indication for liver transplantation. Though schizophrenia is a relative contraindication for transplantation, the patient was referred to a transplant center and placed on the waiting list for cadaveric liver transplantation (1). The patient remained at this center for two weeks and received supportive treatment. Since PT and liver enzymes normalized and the patient was asymptomatic, liver transplantation was not attempted.

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