Coexistence of Behcet's disease and colonic diverticulitis: Is it causal or just a coincidence?

Behçet hastalığı ve kolonik divertikülit birlikteliği: Tesadüf mü yoksa nedensel mi?

To the Editor,

Behcet's disease is a multi-system disorder characterized by vasculitis (1). There are exist similar clinical and radiological findings between colonic diverticulitis and Behcet's disease. However, coexistence of both diseases in a single patient is exceedingly rare. The aim of this study is to contribute literature that may reveal a possible relationship between Behcet's disease and colonic diverticulitis.

A 36 year-old woman, diagnosed with Behcet's disease for eight years, was admitted to our hospital with complaints of abdominal pain, abdominal distention, vomiting, constipation, and fever (39°C) for 3 days. On physical examination, there was an eroded white plaque on the middle of her tongue and an aphta at the left edge. Bowel sounds were increased in the upper quadrants and decreased in the lower quadrants. Physical examination revealed abdominal distension with diffuse tenderness. The results of laboratory investigations were as follows: Hemoglobin 9.6 g/dl, white blood cells 18,200/mm^3, sedimentation rate 97 mm/h. Biochemical tests including liver function tests, kidney function tests, and serum electrolytes were within normal limits. An abdominal X-ray showed an ileus pattern with air-fluid levels in the abdominal cavity. A hypodense lesion of one centimeter by one centimeter in diameter with exophytic extension from the bowel wall was observed at the left lower quadrant in abdominal computed tomography. A minimal increase in radiodensity was noted in the surrounding mesentery Figure 1 (a, b). This was treated successfully with conservative methods. Her control endoscopy was normal, but she was not able to complete a colonoscopy, because she did not consent to the procedure. Her follow-up physical exam was normal.

The exact cause of Behcet's disease is not known, however immunogenetics, immune regulation, vascular abnormalities, bacterial infection, and viral infection may have a role in its development (2). The diagnosis of Behcet's is made clinically and is now based on criteria suggested by an international study group for Behcet's disease. (3).

Colonic diverticulosis, which is one of the most commonly encountered structural anomalies of the intestine, is usually a disorder exhibited in western populations and seen primarily in the descending and sigmoid colon. Although the exact pathogenesis is not known, outward protrusion of mucosa and submucosa from a weakened point where the vasa recta supply the mucosa of colonic wall penetrates muscle layer is thought to play a major role (4,5).

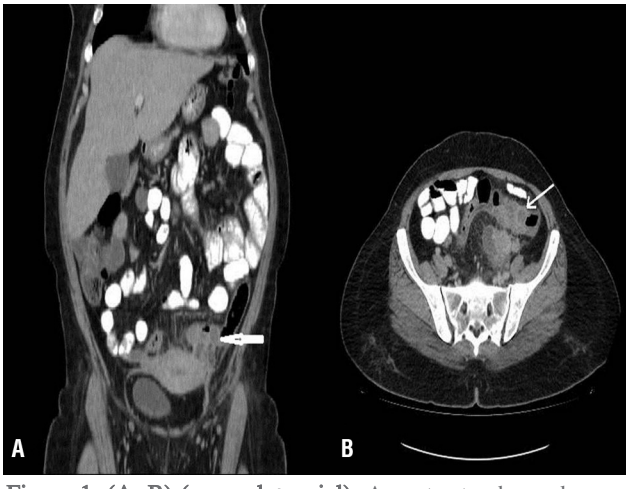

Figure 1. (A, B) (coronal + axial): A contrast-enhanced computed tomography scan demonstrates diverticulitis of the descending colon, with wall thickening, a diverticula, and infiltration of the pericolic fat tissue.

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To our knowledge, diverticula in intestinal Behcet's disease have been reported once in the literature (6), and acute diverticulitis has not been reported before. Despite the rarity of this combination, we bring a new case to the literature regarding the association of Behçet's disease and diverticulitis. Further case presentations, case series, and clinical studies are needed to determine whether it is causal or coincidental that these two diseases exist in a single patient.

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Germ cell tumor in duodenum

Duodenum germ hücre tümörü

To the Editor,

Gastrointestinal system (GIS) germ cell tumors (GCT) are very uncommon. Primary duodenum germ cell tumors have rarely been reported in the literature (1, 2). In the GIS, germ cell tumors can develop as primarily or secondarily to metastasis from a retroperitoneal site (3). We present a case regarding GCT of the duodenum in a patient referred to our hospital with gastrointestinal bleeding.

A 34 year old Turkish male was admitted to the hospital with complaints of upper-gastrointestinal bleeding and vomiting. Physical examination was noted as normal except for an epigastric palpable mass. Complete blood count noted hemoglobin of 8 gr/dl, and an LDH (Lactate Dehydrogenase) of 426 U/L. Upon endoscopic evaluation, a polyploidy mass was noted, which was seen to be obstructing about 80% of the lumen, in the second part of the duodenum (Figure 1). Computed tomography revealed a mass measuring ten centimeters by nine centimeters by seven centimeters in size, located in the duodenum. There was no distant metastasis noted. Due to upper-gastrointestinal bleeding and duodenal obstruction, palliative antecolic gastroenterostomy was performed. On microscopic examination, immuno-histochemical staining showed patchy placental alkaline phosphatase (PLAP) reactivity. Also, focal weakly alpha-fetoprotein (AFP) positivity in the tumor cells was noted, reminiscent of an embryonal carcinoma with a yolk sac tumor component. The result of pathologic examination revealed a germ cell tumor noted to be an embryonic cell carcinoma type. Tumor markers of the patient were increased with AFP level of 321 IU/ml, and normal human chorionic gonadotrophin (HCG) (<1 mIU/ml). After palliative operation, 6 cycles BEP (Bleomycin, Etoposit and Sisplatin) were given as primary chemotherapy. Following chemotherapy, the significantly elevated AFP level decreased and tumoral mass was

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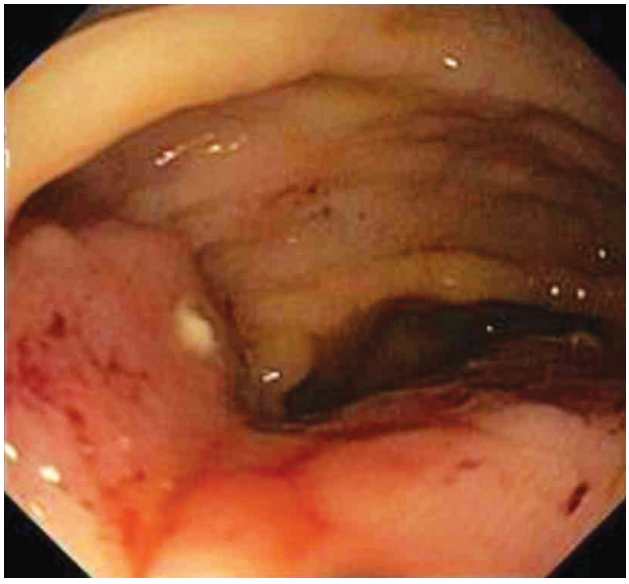

Figure 1. A polyploidy mass in the second part of duodenum.

shown to be non-existent by tomography imaging. After completion of treatment, the patient followed –up in remission for 2 years.

The true etiology and pathogenesis of germ cell tumors in the GIS is yet to be determined. Investigators have accepted the retro-differentiation theory, which shows a retro differentiation of the adenocarcinoma cells to the level of the embryonic ectoderm, and subsequently, a metaplasia or de-differentiation to trophoblastic precursor cells (2). The most common manifestations of GIS metastasis are intestinal obstructions and/or gastrointestinal bleeding (4). Some biochemical markers are important in the diagnosis and treatment of GCT, including HCG, AFP, and LDH. However in our case with a duodenum GCT, serum AFP was high. GIS GCTs are more frequently seen in young patients. Generally, primary GCTs have a good prognosis. GCTs should be kept in mind in the differential diagnosis of young male patients that have malignant evidence presenting with GIS bleeding. The treatment of GIS GCTs should be a multidisciplinary approach including and not limited to surgery, chemotherapy, and radiotherapy.

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HLA subtypes and *Helicobacter pylori* infection in an infant with celiac crisis

Çölyak krizli bir infantta HLA subtipleri ve Helicobacter pylori enfeksiyonu

To the editor,

The term celiac crisis has been used to describe the acute, fulminant form of celiac disease (CD) that is associated with hypoproteinemia and edema (1). Factors regarding the frequency of disease and types of presentation are unknown. In this letter we present an infant with CD whose initial

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