

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

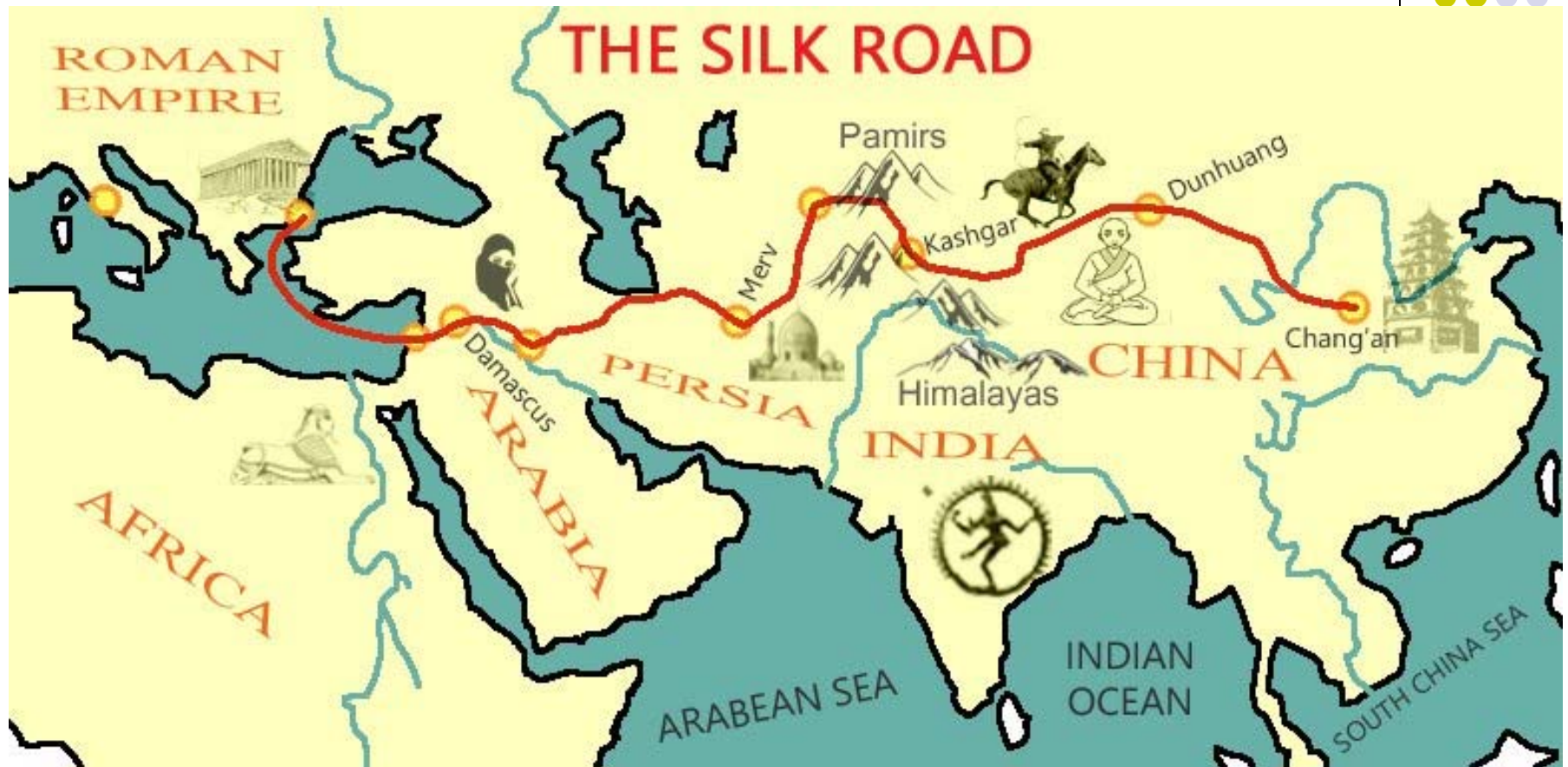
An individual of **'Silk Road'** descent age 25-35

What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated





Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Turkey, in which the prevalence may be as high as **#** per 100,000 individuals

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Turkey, in which the prevalence may be as high as 300 per 100,000 individuals

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Turkey, in which the prevalence may be as high as 300 per 100,000 individuals

Is BD common in the US? What is the prevalence here?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Turkey, in which the prevalence may be as high as 300 per 100,000 individuals

Is BD common in the US? What is the prevalence here?

It is an uncommon disease in the US, with a prevalence of about # per 100,000

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of **'Silk Road'** descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is/was the Silk Road?

An ancient trading route extending from the eastern Mediterranean to the Far East

What regions/countries are found along the Silk Road?

The Middle East; Turkey; China; Korea; Japan

In general terms, people from which two portions of the Silk Road are at greatest risk?

People from its endpoints; ie, those of Eastern Mediterranean descent, and those of Far East descent

Which specific country has the highest rate of BD?

Turkey, in which the prevalence may be as high as 300 per 100,000 individuals

Is BD common in the US? What is the prevalence here?

It is an uncommon disease in the US, with a prevalence of about 0.4 per 100,000

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Is there a gender predilection?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

Is there a gender predilection?

This is controversial. The literature seems to suggest a male preponderance; however, many researchers feel this represents sampling bias, and argue the prevalence is roughly equal between men and women. That said, men **are** more likely to present with ocular manifestations, and are more likely to suffer severe/sight-threatening ocular disease. Thus, thinking of BD as having a male preponderance *might* be useful when meshing a uveitis case for the OKAP and/or Boards.

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated





Behçet, multiple oral aphthae



Behçet, single oral aphthous



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

Are the oral ulcers painful?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

Are the oral ulcers painful?

Yes

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

Reddish nodules

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

Reddish nodules

Is it painful?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

Reddish nodules

Is it painful?

Yes

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

Reddish nodules

Is it painful?

Yes

Where is the classic location in BD (and other diseases)?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

What is the classic rash?

Erythema nodosum

What does erythema nodosum look like?

Reddish nodules

Is it painful?

Yes

Where is the classic location in BD (and other diseases)?

The pre-tibial region

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated





Erythema nodosum in Behçet

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, **genital ulcers** and arthralgias

What do the genital ulcers look like?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, **genital ulcers** and arthralgias

What do the genital ulcers look like?

Like the oral ulcers--small, with raised margins

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated





Behçet: Ulcer

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, **genital ulcers** and arthralgias

What do the genital ulcers look like?

Like the oral ulcers--small, with raised margins

Are they painful?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, **genital ulcers**, and arthralgias

What do the genital ulcers look like?

Like the oral ulcers--small, with raised margins

Are they painful?

In men--always; in women--sometimes

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and **arthralgias**

What joint is classically affected in BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and **arthralgias**

What joint is classically affected in BD?

The knee

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?
Any organ-system can be affected; however, involvement of the following systems is classic:

--
--
--
--

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**

--**GI**

--**Lung**

--**CNS**

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: (common manifestations?)

--GI

--Lung

--CNS

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: (common manifestations?)

--**Lung**

--**CNS**

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: Ulcers (often multiple) of the pre-colonic GI tract

--**Lung**: (common manifestations?)

--**CNS**

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: Ulcers (often multiple) of the pre-colonic GI tract

--**Lung**: Pulmonary arteritis

--**CNS**: (common manifestations?)

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: Ulcers (often multiple) of the pre-colonic GI tract

--**Lung**: Pulmonary arteritis

--**CNS**: Motor control issues; CVAs; CN palsies; confusion; increased ICP→pseudotumor cerebri-type presentation

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: Ulcers (often multiple) of the pre-colonic GI tract

--**Lung**: Pulmonary arteritis

--**CNS**: Motor control issues; CVAs; CN palsies; confusion; increased ICP→pseudotumor cerebri-type presentation

Of these, which is considered to be the most ominous?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent **oral aphthous ulcers**. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Besides the above-mentioned manifestations and ocular inflammation, what other organ systems can be involved?

Any organ-system can be affected; however, involvement of the following systems is classic:

--**Cardiac**: Inflammation of the coronary arteries and/or of cardiac tissue itself (eg, endocarditis; pericarditis)

--**GI**: Ulcers (often multiple) of the pre-colonic GI tract

--**Lung**: Pulmonary arteritis

--**CNS**: Motor control issues; CVAs; CN palsies; confusion; increased ICP→pseudotumor cerebri-type presentation

Of these, which is considered to be the most ominous?

CNS (aka 'Neuro-BD') carries a significant mortality risk

Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as

%

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

Does BD pose a significant threat to long-term ocular health, and/or vision?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

Does BD pose a significant threat to long-term ocular health, and/or vision?

Most definitely. Severe vision loss results in as many as % of ocular BD cases

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

Does BD pose a significant threat to long-term ocular health, and/or vision?

Most definitely. Severe vision loss results in as many as 25% of ocular BD cases

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

Does BD pose a significant threat to long-term ocular health, and/or vision?

Most definitely. Severe vision loss results in as many as 25% of ocular BD cases

What is the cause?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Basics

In one word, what sort of condition is Behçet disease (BD)?

A **vasculitis**

Who is the typical BD pt?

An individual of 'Silk Road' descent age 25-35

What the classic nonocular complaint in BD?

Recurrent oral aphthous ulcers. In some classification schemes, you can't diagnose BD without them.

In addition to uveitis and aphthous ulcers, what three other findings are particularly common?

Skin rash, genital ulcers and arthralgias

Is uveitis usually an early manifestation of BD?

No; it usually follows the onset of disease by several years

Is ocular involvement common in BD?

Yes; estimates of ocular involvement run as high as 70%

Does BD pose a significant threat to long-term ocular health, and/or vision?

Most definitely. Severe vision loss results in as many as 25% of ocular BD cases

What is the cause of BD?

It is unknown at this time

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Panuveitis

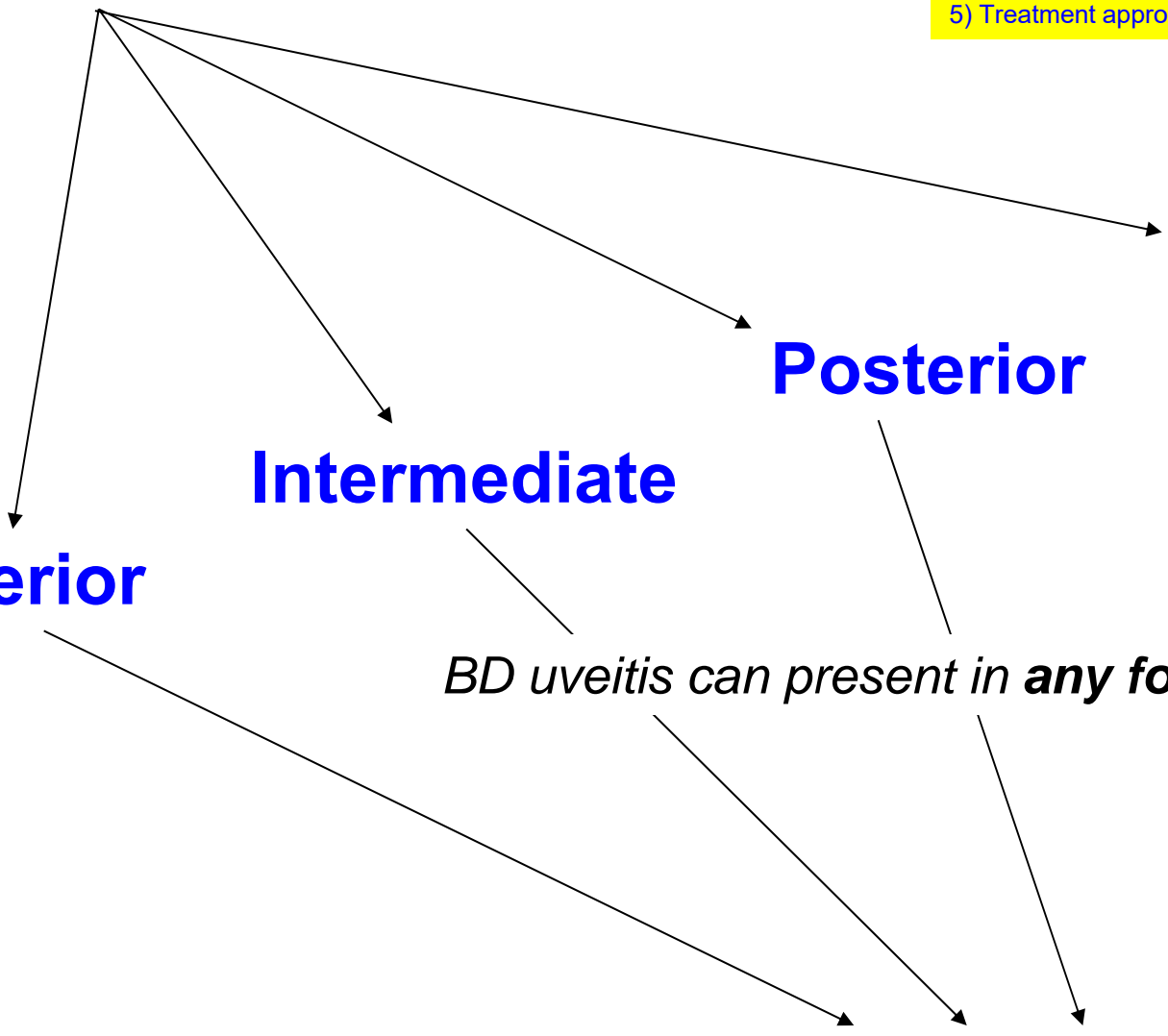
Posterior

Intermediate

Anterior

BD uveitis can present in any form...

Behçet



Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Panuveitis

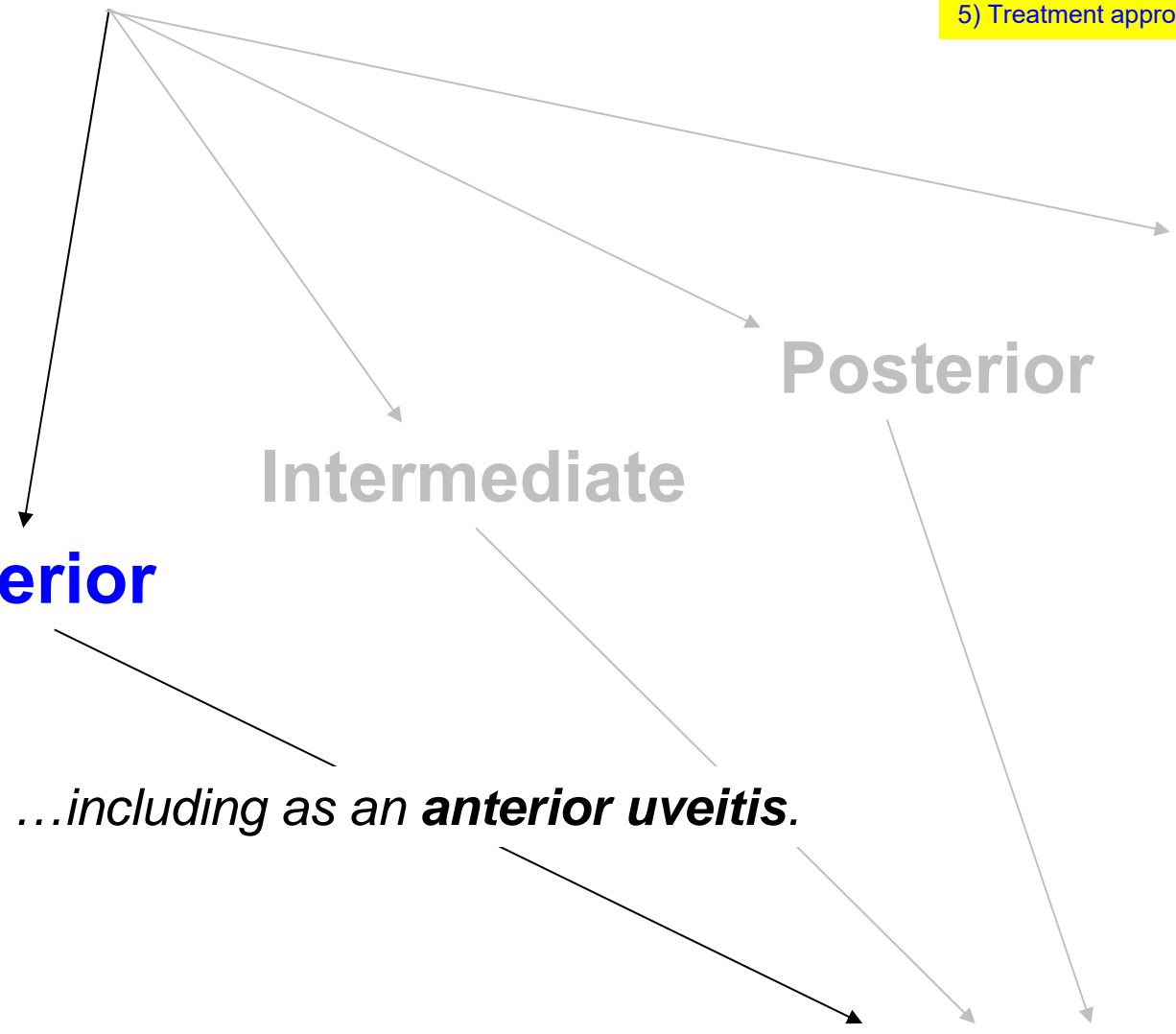
Posterior

Intermediate

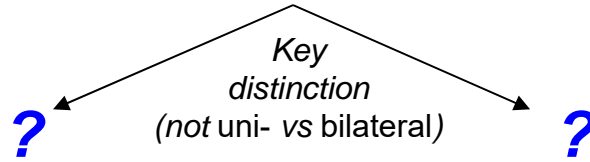
Anterior

...including as an anterior uveitis.

Behçet



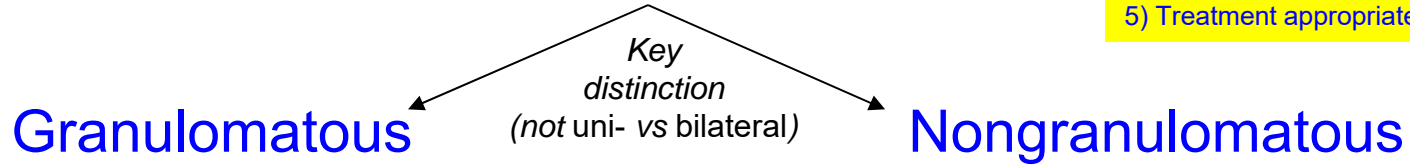
Uveitis: *Anterior*



- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Anterior*



- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Granulomatous

Nongranulomatous

?

Key distinction
(not uni- vs bilateral)

?



Uveitis: *Anterior*

Granulomatous

Nongranulomatous

Acute

Chronic

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Granulomatous

Nongranulomatous

Acute

Chronic

Finally!

?

?



Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Granulomatous

Nongranulomatous

Acute

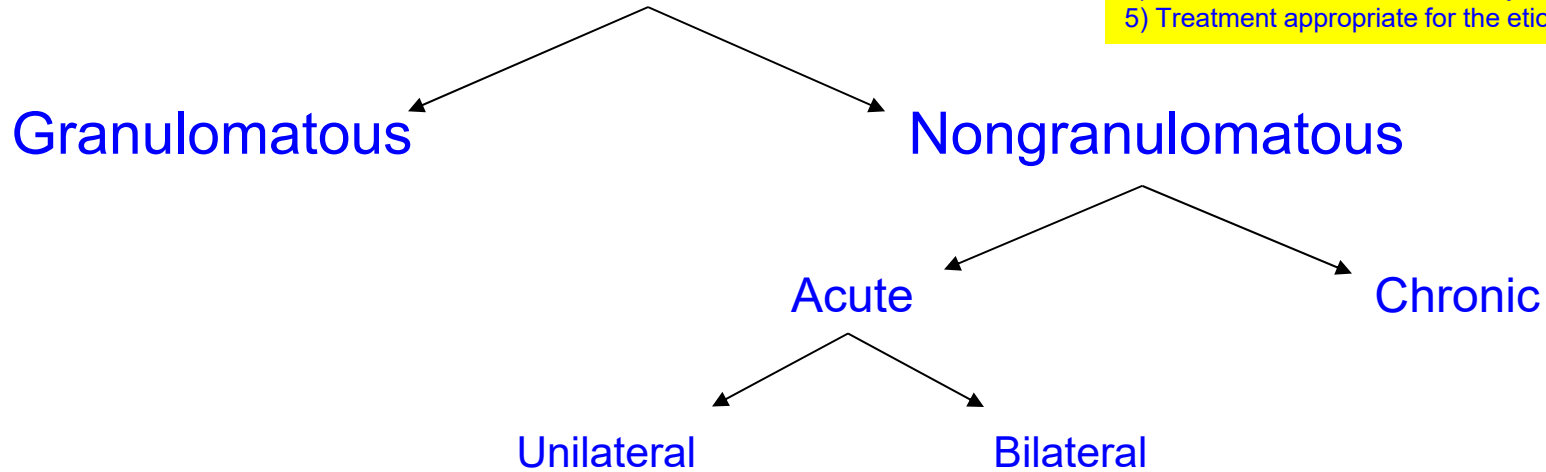
Chronic

Unilateral

Bilateral



Uveitis: *Anterior*



- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



When BD presents as an anterior uveitis, in which form is it most likely to occur?

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV
- TB

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid
- Syphilis
- IBD/PA
- TB

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

When BD presents as an anterior uveitis, in which form is it most likely to occur?
As an **acute bilateral nongranulomatous uveitis**

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
A dense, bilateral, nongranulomatous iritis, occasionally with hypopyon



BD: Hypopyon

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
A dense, bilateral, nongranulomatous iritis, occasionally with hypopyon

What percent of cases develop hypopyon?

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
A dense, bilateral, nongranulomatous iritis, occasionally with hypopyon

What percent of cases develop hypopyon?
Roughly 25

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- **Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
 A dense, bilateral, nongranulomatous iritis, occasionally with **hypopyon**

What percent of cases develop hypopyon?
 Roughly 25

The hypopyon in BD has a fairly unique property--what is it?

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- **Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
 A dense, bilateral, nongranulomatous iritis, occasionally with **hypopyon**

What percent of cases develop hypopyon?
 Roughly 25

The hypopyon in BD has a fairly unique property--what is it?
 Unlike most hypopyons, it tends to shift with changes in head position

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- **Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
 A dense, bilateral, nongranulomatous iritis, occasionally with **hypopyon**

What percent of cases develop hypopyon?
 Roughly 25

The hypopyon in BD has a fairly unique property--what is it?
 Unlike most hypopyons, it tends to shift with changes in head position

*A hypopyon that shifts with head movements is characteristic of the **pseudohypopyon** associated with what masquerade syndrome?*

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- **Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
 A dense, bilateral, nongranulomatous iritis, occasionally with **hypopyon**

What percent of cases develop hypopyon?
 Roughly 25

The hypopyon in BD has a fairly unique property--what is it?
 Unlike most hypopyons, it tends to shift with changes in head position

*A hypopyon that shifts with head movements is characteristic of the **pseudohypopyon** associated with what masquerade syndrome?*
 Retinoblastoma, diffuse-infiltrating type

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- **Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
 A dense, bilateral, nongranulomatous iritis, occasionally with hypopyon

What percent of cases develop hypopyon?
 Roughly 25

What word is often used to characterize the onset of BD anterior uveitis?

Uveitis: *Anterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Granulomatous

- TB
- Syphilis
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute

Unilateral

- HLA-B27 dz
- Posner-Schlossman
- Sarcoid
- Syphilis
- HSV/VZV

Bilateral

- TINU
- Behçet**
- Drug rxn
- Leptospirosis
- Sarcoid

Chronic

- JIA
- FHI
- IBD/PA
- Sarcoid
- Syphilis
- TB

In those cases wherein BD presents as an acute anterior uveitis, what is the classic presentation?
A dense, bilateral, nongranulomatous iritis, occasionally with hypopyon

What percent of cases develop hypopyon?
Roughly 25

What word is often used to characterize the onset of BD anterior uveitis?
Explosive! In BD, an eye can go from 'quiet' to severely inflamed in a matter of hours

Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Panuveitis

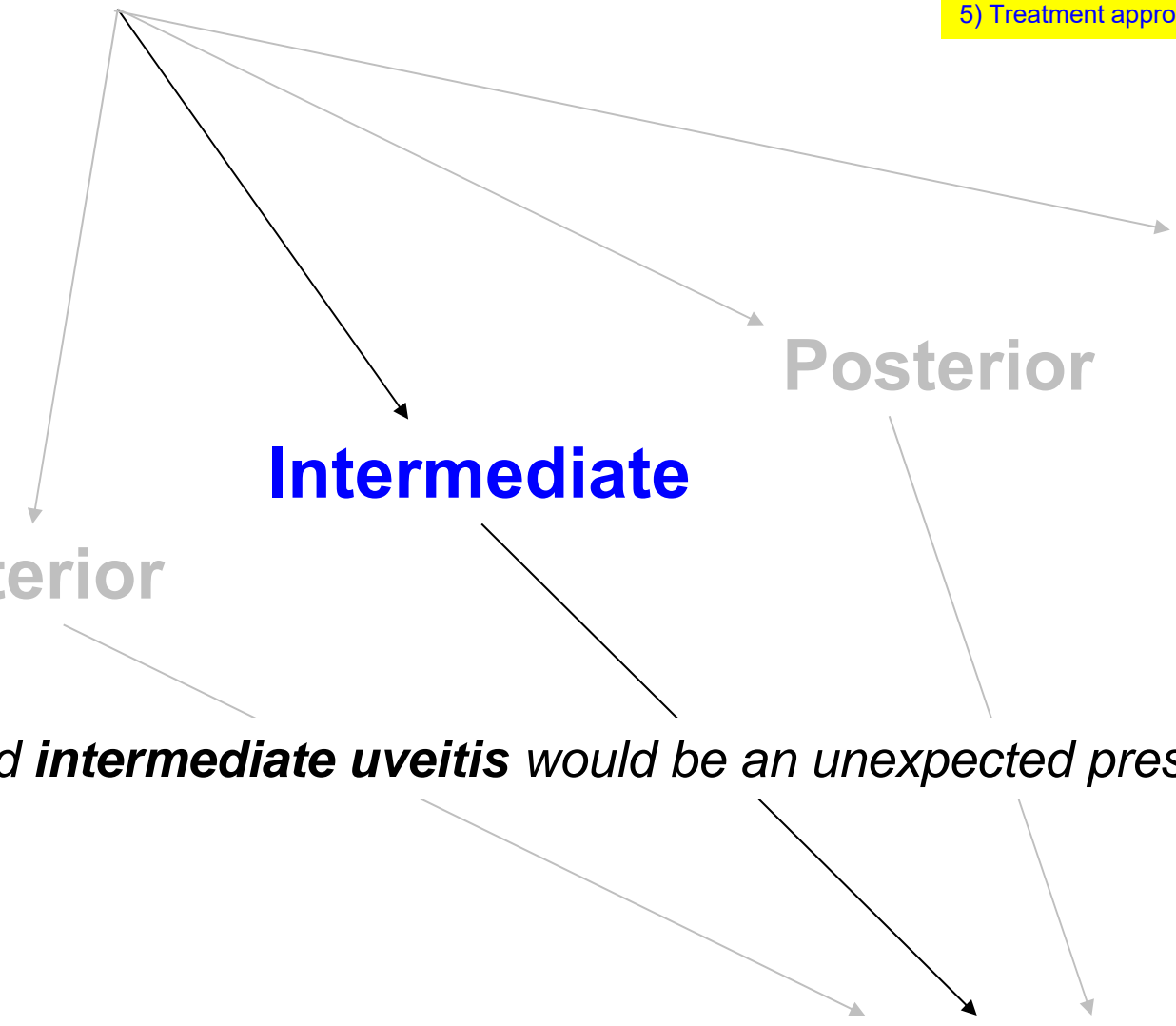
Posterior

Intermediate

Anterior

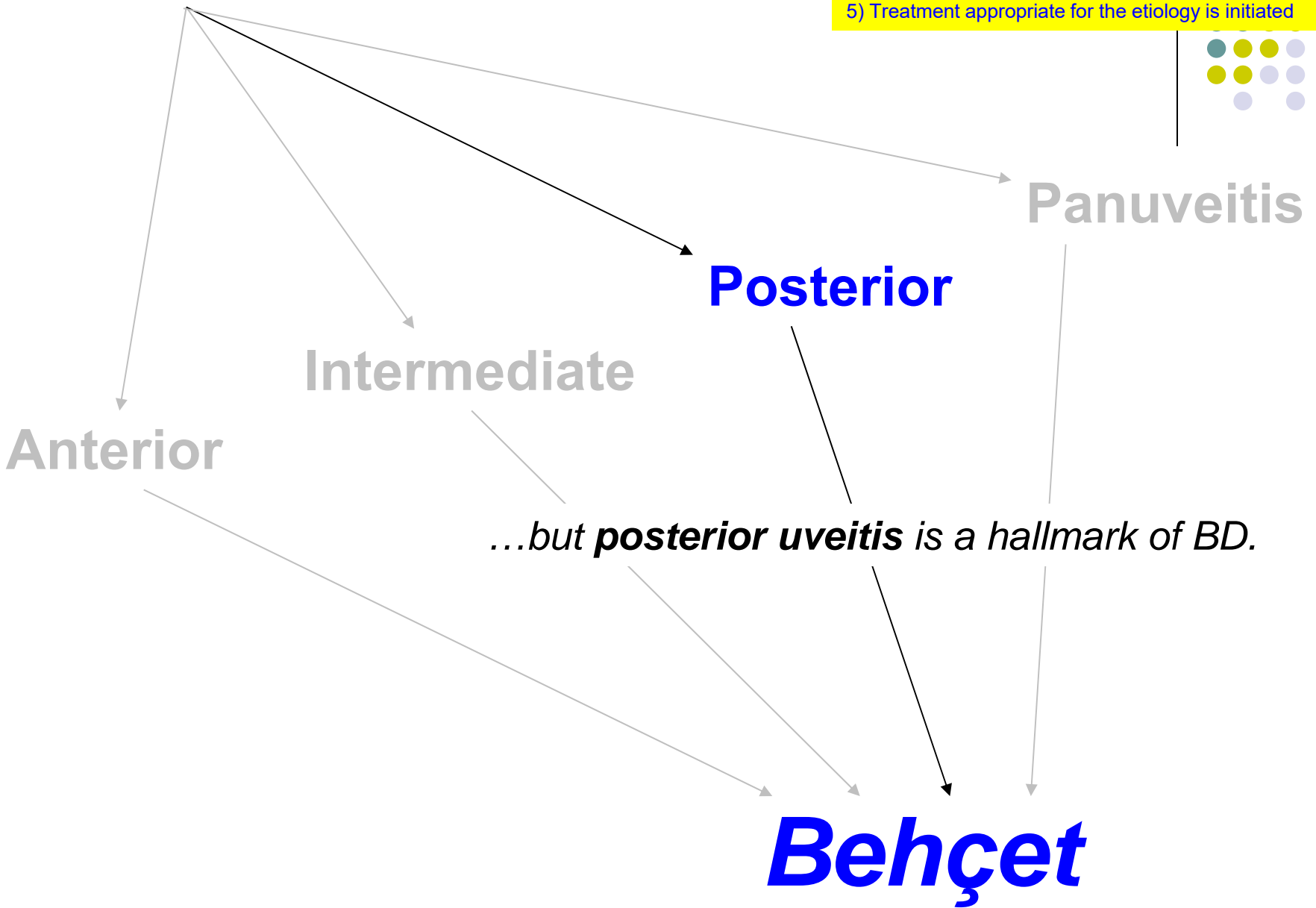
*Isolated **intermediate uveitis** would be an unexpected presentation in BD...*

Behçet



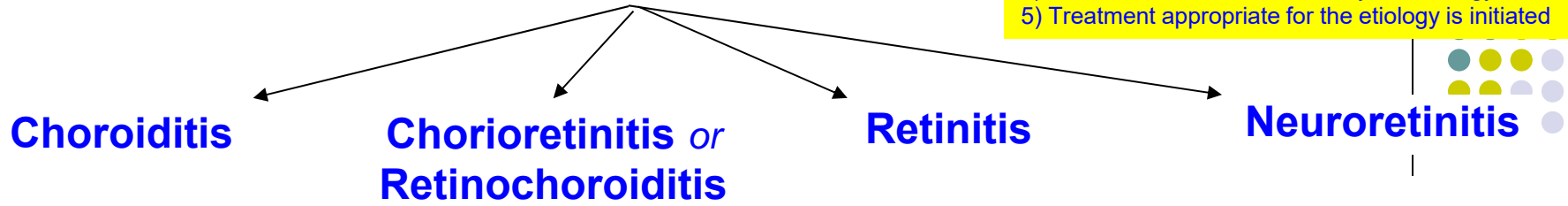
Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Posterior*

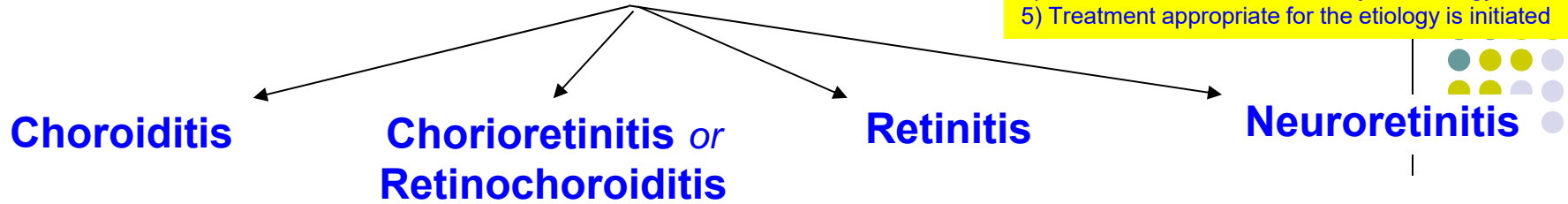
- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?

Uveitis: *Posterior*

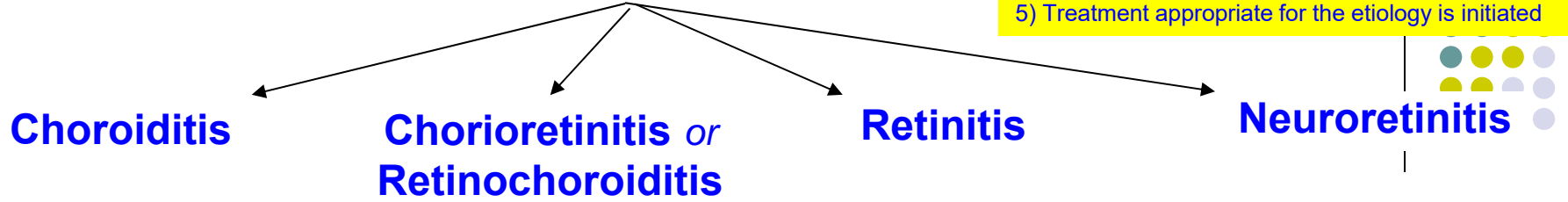
- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

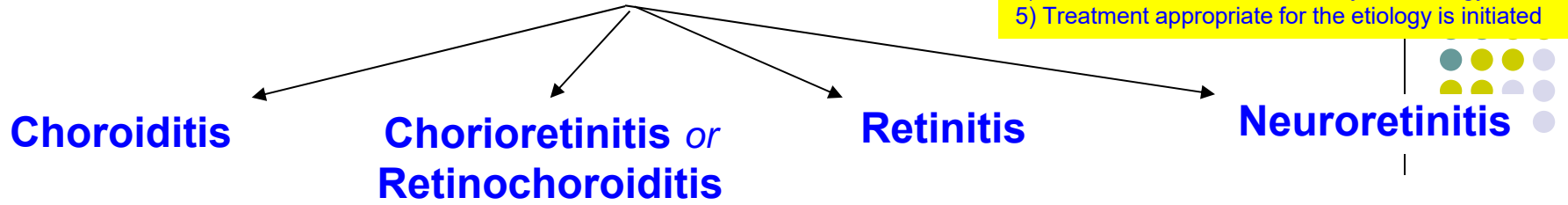


What is the classic posterior manifestation of BD?
A retinal vasculitis

Does it affect the arterioles, venules, or both?

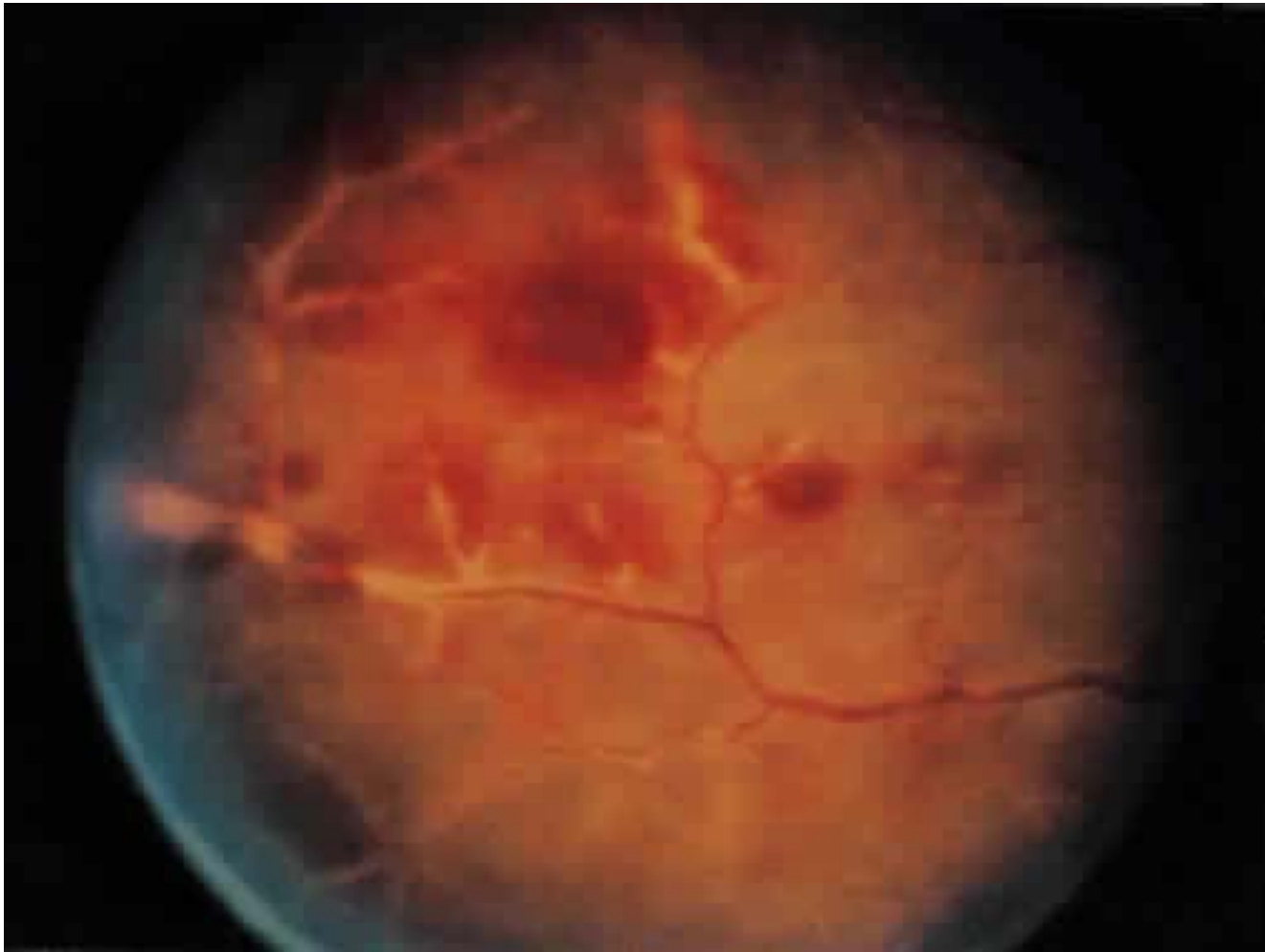
Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

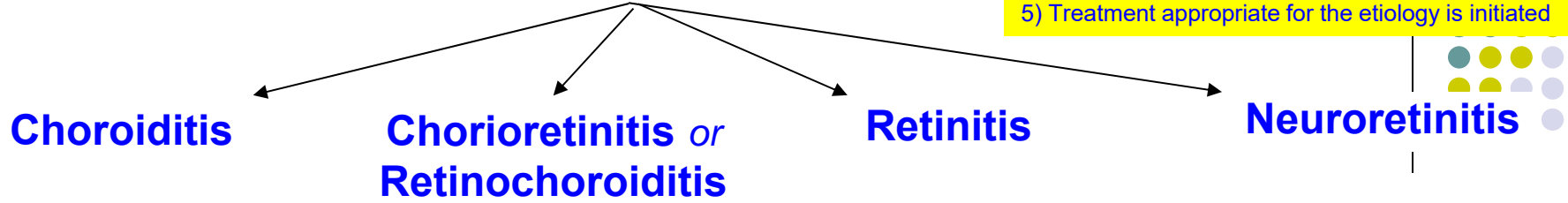
Does it affect the arterioles, venules, or both?
Both



BD: Vasculitis

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



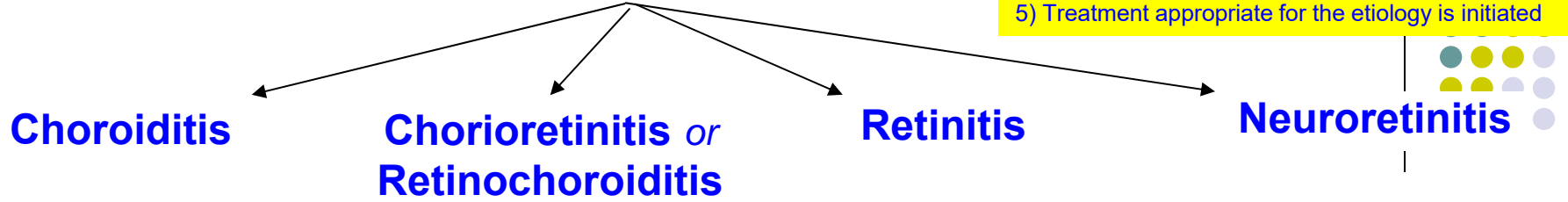
What is the classic posterior manifestation of BD?
A retinal vasculitis

Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



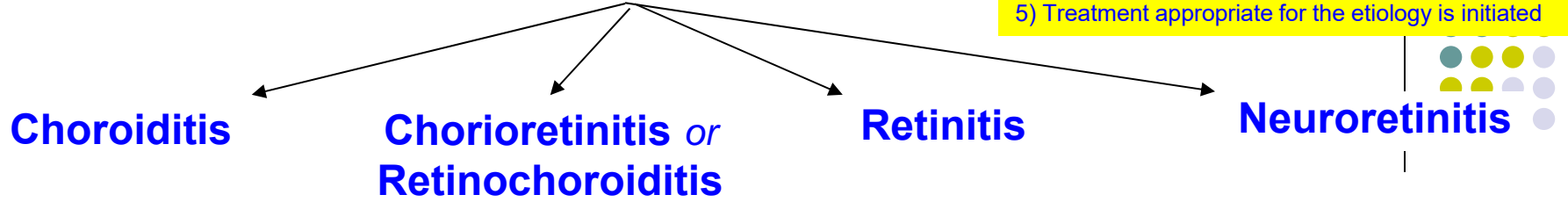
What is the classic posterior manifestation of BD?
A retinal vasculitis

Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?
Yes. In fact, these can occur simultaneously

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

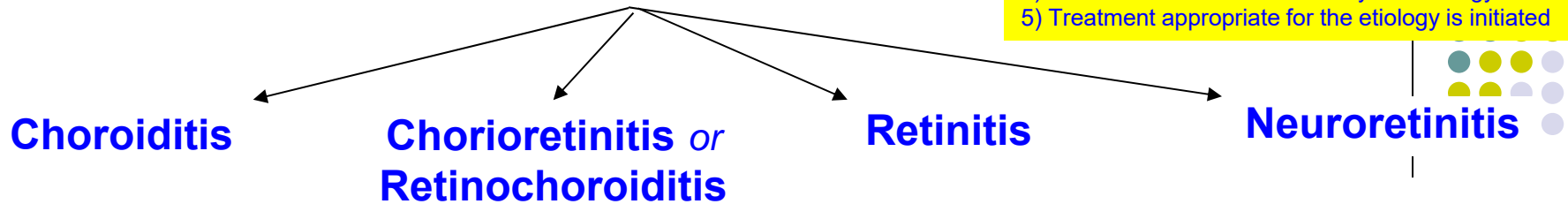
Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?
Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

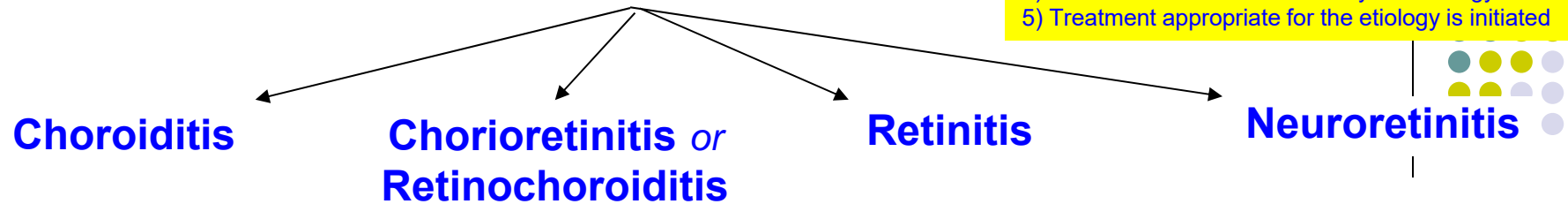
Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?
Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?
Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?
Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?
Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

Can BD retinal vasculitis lead to retinal ischemia with subsequent neovascularization?

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Choroiditis

**Chorioretinitis or
Retinochoroiditis**

Retinitis

Neuroretinitis



What is the classic posterior manifestation of BD?

A retinal vasculitis

Does it affect the arterioles, venules, or both?

Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?

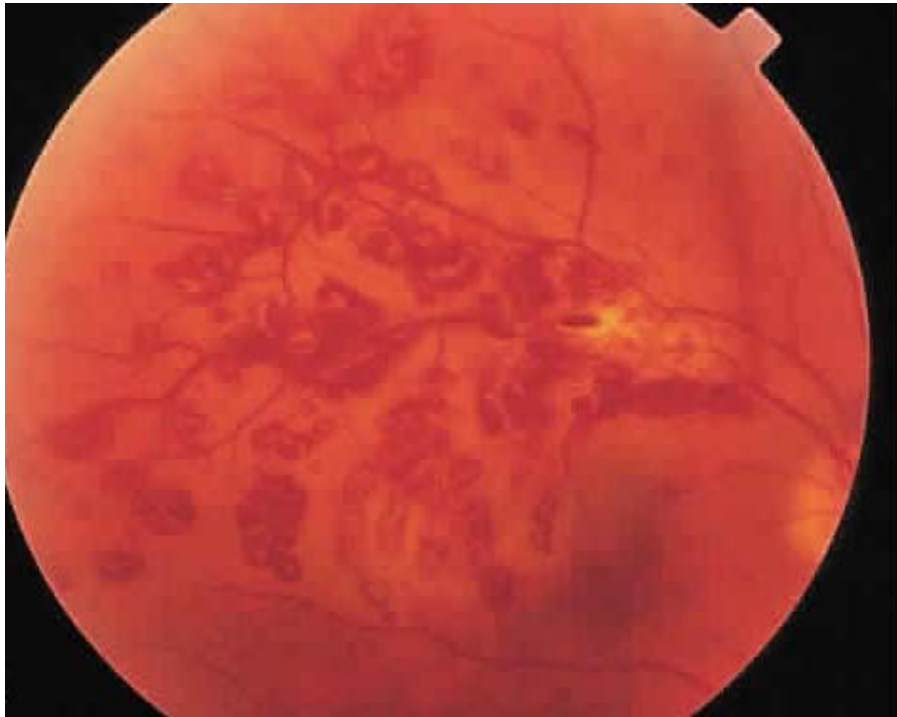
Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?

Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

Can BD retinal vasculitis lead to retinal ischemia with subsequent neovascularization?

Yes--it is an occlusive vasculitis, so ischemia is a common occurrence



BD: Occlusive vasculitis

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Choroiditis

**Chorioretinitis or
Retinochoroiditis**

Retinitis

Neuroretinitis



What is the classic posterior manifestation of BD?

A retinal vasculitis

Does it affect the arterioles, venules, or both?

Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?

Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?

Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

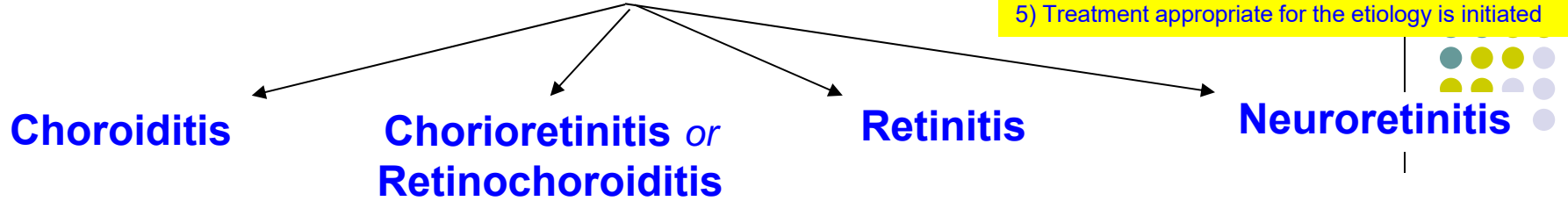
Can BD retinal vasculitis lead to retinal ischemia with subsequent neovascularization?

Yes--it is an occlusive vasculitis, so ischemia is a common occurrence

Can the optic nerve be involved?

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What is the classic posterior manifestation of BD?
A retinal vasculitis

Does it affect the arterioles, venules, or both?
Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?
Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?
Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

Can BD retinal vasculitis lead to retinal ischemia with subsequent neovascularization?
Yes--it is an occlusive vasculitis, so ischemia is a common occurrence

Can the optic nerve be involved?
Yes--in fact, it frequently is. Papillitis or optic atrophy occurs in about % of ocular BD pts

Uveitis: *Posterior*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated

Choroiditis

**Chorioretinitis or
Retinochoroiditis**

Retinitis

Neuroretinitis



What is the classic posterior manifestation of BD?

A retinal vasculitis

Does it affect the arterioles, venules, or both?

Both

Can it affect the main arterioles and venules, leading to BRAOs and/or BRVOs?

Yes. In fact, these can occur simultaneously

Is it necrotizing, or non-necrotizing?

Necrotizing. BD retinal vasculitis can appear similar to acute retinal necrosis (ARN)

Can BD retinal vasculitis lead to retinal ischemia with subsequent neovascularization?

Yes--it is an occlusive vasculitis, so ischemia is a common occurrence

Can the optic nerve be involved?

Yes--in fact, it frequently is. Papillitis or optic atrophy occurs in about 25% of ocular BD pts



BD: Papillitis

Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Panuveitis

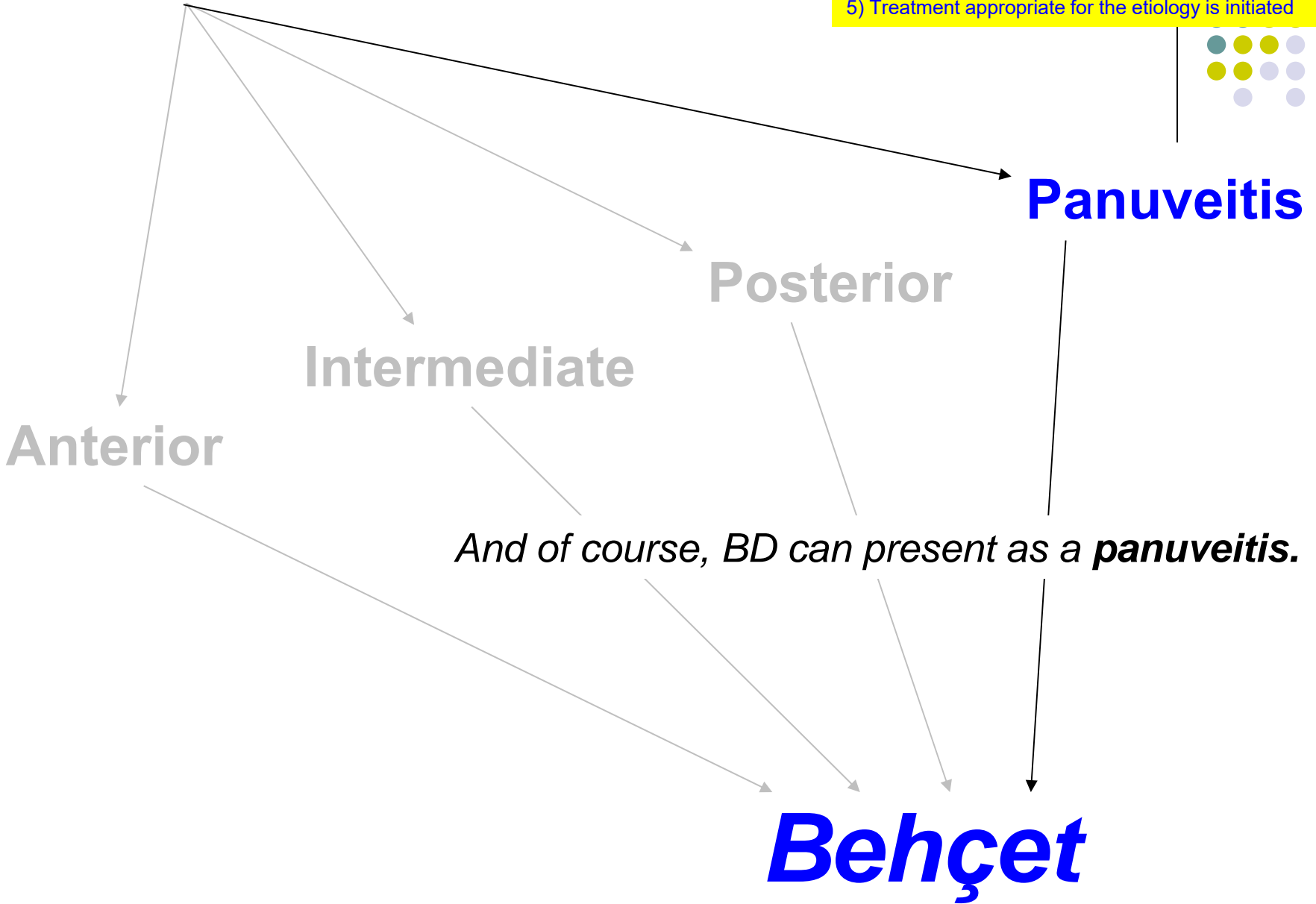
Posterior

Intermediate

Anterior

*And of course, BD can present as a **panuveitis**.*

Behçet



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is "of little value"

*In the context of BD, what is **cutaneous pathergy testing**?*

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

How is the cutaneous pathergy test performed?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is "of little value"

*In the context of BD, what is **cutaneous pathergy testing**?*

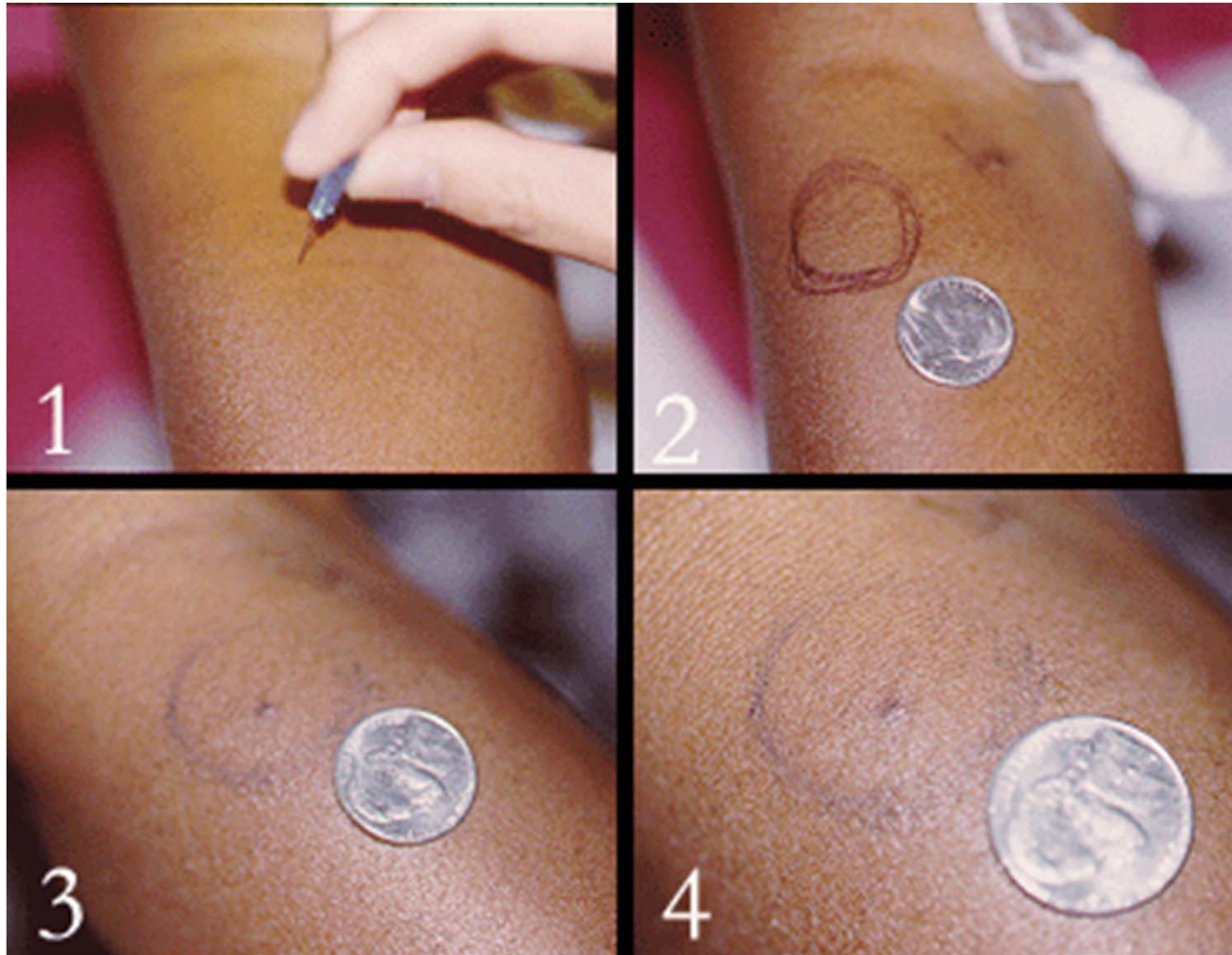
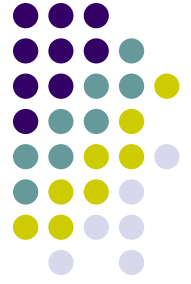
A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

How is the cutaneous pathergy test performed?

A hypodermic needle is used to prick the skin. In some variations of the test, a small amount of isotonic saline is injected. The area is then assessed for the development of pustules.

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated





The pathergy test. 1) taken at the time when the patient was “stuck” with the sterile needle; 2) shows the area immediately after the stick; 3) & 4) show the area one day and two days after the needle stick, respectively.



Pathergy test: Positive results

Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

About 40% do

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

About 40% do

Is the pathergy response pathognomonic for BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is "of little value"

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

About 40% do

Is the pathergy response pathognomonic for BD?

No

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

About 40% do

Is the pathergy response pathognomonic for BD?

No

So, is cutaneous pathergy testing useful in diagnosing BD?

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Diagnosis

How is the diagnosis of BD made?

It is a clinical diagnosis--there are no specific tests for it

What is the HLA association for BD?

There are several; HLA-B51 is associated with ocular BD

So, is HLA testing helpful in diagnosing ocular BD?

The BCSC *Uveitis* book contend it is “of little value”

In the context of BD, what is cutaneous pathergy testing?

A test for the presence of pathergy, which is the formation of sterile pustules in response to skin trauma

Is this something BD pts experience?

About 40% do

Is the pathergy response pathognomonic for BD?

No

So, is cutaneous pathergy testing useful in diagnosing BD?

It's not clear whether the BCSC authors consider pathergy testing worthwhile. They say it is “of little value,” but in the same paragraph, assert that BD should be diagnosed per one of two sets of clinical criteria, one of which incorporates pathergy testing!

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

What are the two goals in the management of BD?

- 1)
- 2)

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

What are the two goals in the management of BD?

- 1) Control/resolve acute inflammation
- 2) Suppress chronic inflammation/reduce the risk of recurrences

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with class of med.
- 2) Suppress chronic inflammation/reduce the risk of recurrences

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via

different class of meds

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. **antimetabolite** (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment.

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment.

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. **alkylating agent 1** and **alkylating agent 2** are effective as well.

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Azathioprine has a much safer side effect profile than do the alkylating agents

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Azathioprine has a much safer side effect profile than do the alkylating agents

What side effect of the alkylating agents is most feared?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Azathioprine has a much safer side effect profile than do the alkylating agents

What side effect of the alkylating agents is most feared?

They carry a significant risk of malignancy

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Azathioprine has a much safer side effect profile than do the alkylating agents

What side effect of the alkylating agents is most feared?

They carry a significant risk of malignancy

What side effect is a close second?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What advantage do the alkylating agents have over azathioprine?

Pts can usually be tapered off steroids; ie, they are effective as single-agent regimens

So, why is azathioprine + steroids preferred over the alkylating agents?

Azathioprine has a much safer side effect profile than do the alkylating agents

What side effect of the alkylating agents is most feared?

They carry a significant risk of malignancy

What side effect is a close second?

Sterility. Pts wishing to have biological children should be encouraged to consider sperm/embryo banking

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What about the biologics?

Uveitis: *Behçet*

Treatment

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



What are the two goals in the management of BD? Broadly, how is each achieved?

- 1) Control/resolve acute inflammation with corticosteroids.
- 2) Suppress chronic inflammation/reduce the risk of recurrences via immunomodulatory therapy (IMT).

By what route are steroids administered?

Systemic steroids are generally necessary (and are mandatory in cases of posterior involvement)

What IMT meds are useful in BD?

A number have been studied. Azathioprine (+ steroids) has been shown to be effective, and is probably the most widely accepted first-line treatment. Chlorambucil and cyclophosphamide are effective as well.

What about the biologics?

Infliximab is effective, but its side-effect profile renders it best used as a short-term induction agent