Differential Diagnosis of Pan-Uveitis: Behçet’s Disease

Peter Blosser  
*East Tennessee State University*

Remil Simon  
*East Tennessee State University*

Courtney Ridner  
*Distefano Eye Center*

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**Abstract**
This report describes the case of a 56-year-old man who presented with blurry vision, increased intraocular pressure, and conjunctival injection after posterior chamber intraocular lens implantation. Initially, postoperative endophthalmitis and foreign body inflammation were considered as differential diagnoses, but after further examination uveitis was diagnosed. Uveitis may present as an isolated finding or associated with a wide range of systemic diseases. During an interview following multiple visits and referrals, the patient mentioned a history of aphthous ulcers and genital ulcers, which then lead to the clinical diagnosis of Behçet’s Disease. This report emphasizes that Behçet’s Disease is rare in Caucasians and has variable presentations. Therefore, it is frequently misdiagnosed in North America due to failure to include it in the differential diagnosis. Inclusion of Behçet’s Disease in the differential is crucial as potential adverse outcomes include blindness and death.

**Introduction**
- Differential diagnoses of uveitis include a post-inflamatory condition, foreign body inflammation, HLA-B27 Associated Uveitis, Reactive Arthritis, Sarcoidosis, Tuberculosis, Syphilis, Lyme Disease, Systemic Lupus Erythematosus, Acute Retinal Necrosis, and Behçet’s Disease.
- The prevalence of Behçet’s Disease in North America ranges from 1 in 15,000 to 1 in 500,000 depending on the region (1).
- The clinical triad includes uveitis, oral ulcers, and genital ulcers, but the clinical array of findings for the disease is diverse and includes erythema nodosum, ileocecal inflammation, epididymitis, pericarditis, aneurysms, as well as other ocular findings such as retinal vasculitis (2).
- Early recognition and treatment of this potentially blinding and fatal disorder is crucial (3), but the disease is frequently misdiagnosed (4).

**Discussion**
- After further workup and examination, he was diagnosed with uveitis. When uveitis is suspected, ruling out an infectious cause is urgent, and workup should include an RPR to rule out possible syphils infection, chest x-ray to check for sarcoidosis or tuberculosis, and Lyme serology.
- RPR has a sensitivity of 100% and specificity of 78%-86% in the secondary stage of infection (8). For disseminated Lyme disease, serology sensitivity ranges from 70%-100%, and specificity is 95% (9). Chest X-Ray assessing for TB has a sensitivity of 78% and specificity of 51% (10).
- If these tests are negative, inquiring about a past history of aphthous ulcers, genital ulcers, or other International Criteria for Behçet’s Disease should be considered (3).

**References**