CASE REPORT

Abstract
Ali Jamaal a patient with 28 years old presented with a history of Multiple ulcers since 1987, started as multiple ulcers in the face and mucus membrane of the mouth associated with pain and malaise treated with different medication with no benefit till 1992 when he was diagnosed as Behcet syndrome.

Patient put on Dapson treatment for few months with no benefit after that advised to use steroid drugs (prednisolon)

Patient became better till one year before when he begins to suffer from sudden attack of generalized joint pain especially on the hip joint with limping and blurred vision and MRI done him and now present with dark colored stool associated with abdominal pain, poor appetite, no vomiting, no heart burn also he developed multiple ulcers all over the body and genitalia.

Clinical Examination:
Blood pressure: 150/90
Pulse rate: 96 bpm
Temperature: 37 C
General Examination: young age male look ill with multiple acne on his face and upper limbs

Behcet Disease and Avascular Necrosis
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With pain limitation and deformity of both hip joints more on the left side, with shortening of left lower limb.
Rt. lower limb measure: 18 Cm; Lt. Lower limb measure: 16 cm

**Investigations**

MRI of hip joint: both femoral heads show irregularity at the superior part with signs of hypo intense signal intensity lesion on T1 images of slight hypointens signal intensity on T1 image with incomplete more hypo intense peripheral rim surrounding the lesion with signs of enhancement around the lesion on the Rt. side is larger in size and associated with sign of partial collapse due to fractured Rt. femoral head signs of bilateral increased joint space fluid especially at the Rt. side . The femoral heads show decreased signal intensity of the bone marrow onT1 weighted images and increased signal intensity onT2 weighted images that is more evident on fat suppressed images indicative of bone marrow edema. In addition, there are sign of joint space narrowing at Rt. hip joint due to secondary OA changes

**Advanced a vascular necrosis of both femoral heads .
Behcet disease and a vascular necrosis**
A vascular Necrosis is a bone disorder that decreases the blood supply to the affected area, leads to tiny breaks within the bone, and can eventually cause bones to collapse. Ischemic necrosis, osteonecrosis, and aseptic necrosis are synonyms for the same disease process. Radiological manifestations of AVN occur in the late stages of the disease, as the bone attempts to repair itself. As bone repair occurs, weight bearing bone becomes mechanically weakened and flattened, and may eventually collapse. Secondarily, this leads to debilitating pain and osteoarthritis, which is like what occurs in our case.

In the USA, 5% of cases of osteoarthritis of the hip requiring hip replacement are caused by a vascular necrosis. The peak incidence is between ages 30 and 60. Idiopathic a vascular necrosis of the femoral head has a male: female ratio of 4 to 5:1. In 33 to 72% of patients, the disease is bilateral.

Behcet was diagnosed by the full clinical criteria for diagnosis, including mouth ulcers, genital ulcers, uveitis, arthritis.

Behcet disease was first described in 1937 by Dr. Hulusi Behcet, a dermatologist in Turkey. Behcet disease is now recognized as a chronic condition that causes canker sores or ulcers in the mouth and on the genitals and inflammation in parts of the eye. In some people, the disease also results in arthritis (swollen, painful, stiff joints), skin problems, and inflammation of the digestive tract, brain, and spinal cord, which we see most of these manifestations in our patient.

Prednisone is a corticosteroid prescribed to reduce pain and inflammation throughout the body for people with severe joint pain, skin sores, eye disease, or central nervous system symptoms. Patients must carefully follow the doctor's instructions about when to take prednisone and how much to take. It also is important not to stop taking the medicine suddenly, because the medicine alters the body's production of the natural corticosteroid hormones. Long-term use of prednisone can have side effects such as osteoporosis (a condition noticed in our patient that may predispose to AVN), weight gain, delayed wound healing, persistent heartburn (noticed in our patient), and
elevated blood pressure. However, these side effects are rare when prednisone is taken at low doses for a short time. It is important that patients see their doctor regularly to monitor possible side effects. Corticosteroids are useful in early stages of disease and for acute severe flares. They are of limited use for long-term management of central nervous system and serious eye complications, despite the last fact our patient continue to use steroid for long period which might predispose to AVN. AVN occurs most often in people who are:

definite association with:
fracture of the femoral neck, hip dislocation, sickle cell anemia, radiotherapy, Gaucher disease.

High dose steroid.

Possible association with:
SLE, renal transplantation, polycythemia Vera, Cushing's syndrome, DM, atherosclerosis, cytotoxic medications, alcoholic abuse, fatty liver, psoriasis, pancreatitis & gout.

From these background of this case, we don’t find any association between Behcet disease per se with a vascular necrosis, so it might be explained by the usage of steroid by this patient, though this patient history suggest that he stop usage of steroid the last few months, if that true, it means Behcet disease is a possible associated illness with a vascular necrosis.