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# A Commentary on Intestinal Behcet's Syndrome with Unusual Complications

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## Abstract

Intestinal Behcet's syndrome is a rare manifestation of Behcet's syndrome characterized by gastrointestinal involvement. We have published a case of a 33-year-old male patient with a long history of Behcet's syndrome who presented with abdominal pain and fever. Imaging studies revealed an acute ileocecal intestinal perforation, which miraculously healed with conservative treatment. The patient also developed a bladder-intestine fistula and urinary tract infections. Capsule endoscopy was performed to diagnose and assess the intestinal Behcet's syndrome, and the patient was treated with anti-inflammatory medications, including Adalimumab. This study highlights the importance of capsule endoscopy in the diagnosis of intestinal Behcet's syndrome and the effectiveness of anti-inflammatory treatment in managing the disease.

**Keywords:** Intestinal behcet's syndrome; Intestinal perforation; Bladder-intestine fistula; Urinary tract infections; Capsule endoscopy; Adalimumab

## Description

Behcet's syndrome is a chronic vasculitis characterized by recurrent oral and genital aphthous ulcers, ocular disease, and skin lesions. Gastrointestinal involvement is rare but can occur in Behcet's syndrome. Abdominal pain is a common symptom that can be caused by various reasons, including but not limited to digestive system diseases, structural abnormalities, infections, and inflammation. Intestinal leukosis is a rare disease characterized by the presence of a large amount of white clots in the intestine, which may cause abdominal pain. However, the relationship between abdominal pain and intestinal leukosis is not yet clear. We had presented a study on intestinal Behcet's syndrome with an unusual complication of a bladder-intestine fistula and urinary tract infections. A study found that approximately 80% of patients with intestinal Behcet's disease experience abdominal pain. These abdominal pain may be caused by the formation and blockage of white plugs in the intestine. Another study suggests that the severity of abdominal pain is related to the activity of intestinal Behcet's disease, which may worsen when the disease activity increases. The location and nature of abdominal pain may also be related to intestinal Behcet's disease. A study found that abdominal pain is mainly concentrated in the lower abdomen, especially in the left lower abdomen. This is consistent with the typical lesion site of intestinal Behcet's disease. Abdominal pain is one of the common symptoms of intestinal white plug disease, and its mechanism may be related to the formation and blockage of white plugs in the intestine. Due to intestinal leukosis being an inflammatory intestinal disease, inflammation and congestion of the intestine may lead to abdominal pain. In addition, the location and nature of abdominal pain may also reflect the lesion site and changes in intestinal peristalsis of intestinal Behcet's disease. However, research on the relationship between abdominal pain and intestinal Behcet's disease is currently relatively limited. More research needs to clarify the relationship between abdominal pain and intestinal Behcet's disease and further explore its pathogenesis. The 33-year-old male patient with a 17-year history of Behcet's syndrome presented with abdominal pain and fever. Imaging studies revealed an acute ileocecal intestinal perforation. However, the patient responded well to conservative treatment with glucocorticoids and antibiotics, and the perforation gradually healed. Subsequent examinations, including capsule endoscopy, confirmed the presence of an intestine-urinary tract fistula, which explained the patient's symptoms of debris urine and urinary tract infections [1-3].

Intestinal Behcet's syndrome is a special type of Behcet's syndrome, with poor prognosis and susceptibility to intestinal perforation and even death.

This study introduces intestinal syndrome confirmed by capsule endoscopy, accompanied by the formation of intestinal bladder fistula, Intestinal bladder fistula is rare in clinical practice, especially in intestinal white plug syndrome. Capsule endoscopy, as a painless and non-invasive examination method, has a high detection and diagnostic rate for small intestinal lesions. Capsule endoscopy should be performed on patients with digestive system symptoms of Behcet's disease, which can comprehensively evaluate the location and morphology of small intestinal lesions and make up for the shortcomings of gastroscopy [4-6].

It is very difficult to find a clear diagnosis in clinical practice. In this study, the patient went to the emergency department for treatment due to the presence of food residues (such as sesame seeds) in their urine. Finally, treated with TNF-α inhibitor therapy alleviates the condition and avoids the pain and cost of surgical treatment for patients. This study demonstrates the occult nature of intestinal Behcet's syndrome diagnosis in clinical practice, as well as the fact that the disease itself exhibits an alternating process of recurrence and remission. When patients present with corresponding clinical manifestations, we must consider the possibility of intestinal congestion and strive to detect, diagnose, and treat it as early as possible [7-9].

## Conclusion

This study emphasizes the importance of considering intestinal Behcet's syndrome in patients with Behcet's syndrome presenting with abdominal symptoms. Capsule endoscopy is a valuable tool for diagnosing and assessing the extent of intestinal involvement. Additionally, anti-inflammatory medications, including Adalimumab, can be effective in managing the disease and preventing complications.

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