Genital Ulcers in a Teenager

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A 14-year-old boy, previously healthy, was admitted to the pediatric emergency department, with genital ulcers for four months.

He reported a history of recurrent oral aphthosis since he was 6 years old. A poor weight progression was also present since the age of 10, without repercussion in height. Without ophthalmological complaints. Sexual activity denied. Family history of recurrent aphthosis stomatitis.

Physical examination revealed multiple genital ulcers, oral aphthosis (Figs. 1-3), and papulopustular lesions on the face, penis, and lower limbs.

Behçet disease was suspected, and he was scheduled for a pediatric rheumatology appointment. Analytical evaluation revealed a normal blood count, increased erythrocyte sedimentation rate (46 mm/h) and C-reactive protein (9 mg/dL), positive HLA-B51, negative pathergy test, negative serologies for B and C hepatitis, syphilis, cytomegalovirus, and human immunodeficiency virus, negative autoantibodies for anti-myeloperoxidase (MPO), anti-proteinase 3 (PR3), and anti-*Saccharomyces cerevisiae* antibodies (ASCA) and normal calprotectin (45 mg/kg).

Behçet disease was diagnosed, fulfilling international classification criteria.[1] He was started on colchicine 0.5 mg id, but given the severity and persistence of symptoms, after 11 days, azathioprine (starting with 50 mg intradermal up to 2 mg/kg) and deflazacort were added. Given the excellent response, deflazacort was totally discontinued after 11 months.

The boy still maintains a favorable clinical evolution and complete weight recovery, with occasional oral aphthosis and infrequent genital ulcers, during four years of follow-up.

Behçet disease is a recurrent systemic inflammatory disease of unknown etiology that is uncommon at the pediatric age.[1-5] Diagnosis is based on clinical manifestations and often incurs a delay owing to the rarity of this condition.[1,2] Mucocutaneous involvement is almost universal with oral aphthosis being the most frequent symptom and genital ulcers less common.[2-4] Pseudofolliculitis is the most common skin

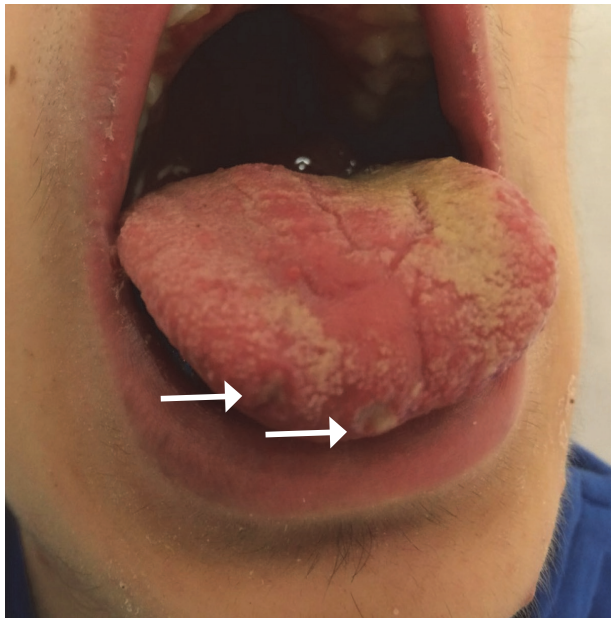

Figure 1. Two oral aphthosis on the tongue (white arrows).

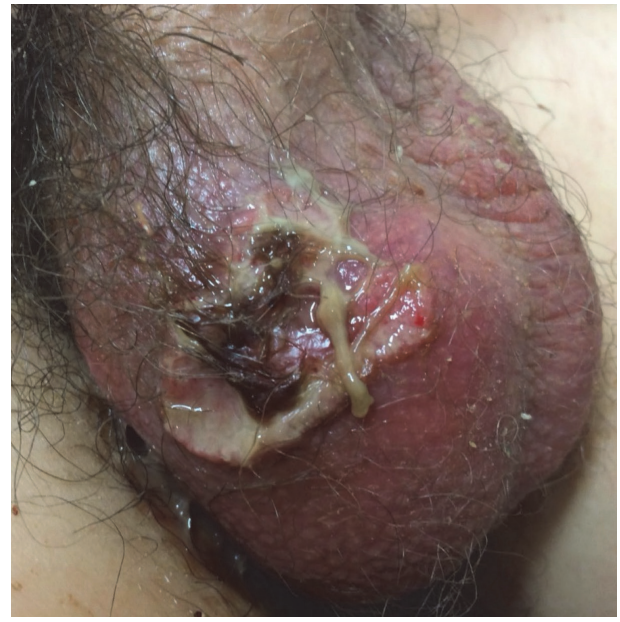

Figure 2. Genital ulcer on the scrotum.

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manifestation.[2,4] This case suggests that poor weight progression was possibly one of the early manifestations of Behçet disease, emphasizing the importance of a detailed anamnesis and physical examination for an early diagnosis and treatment.

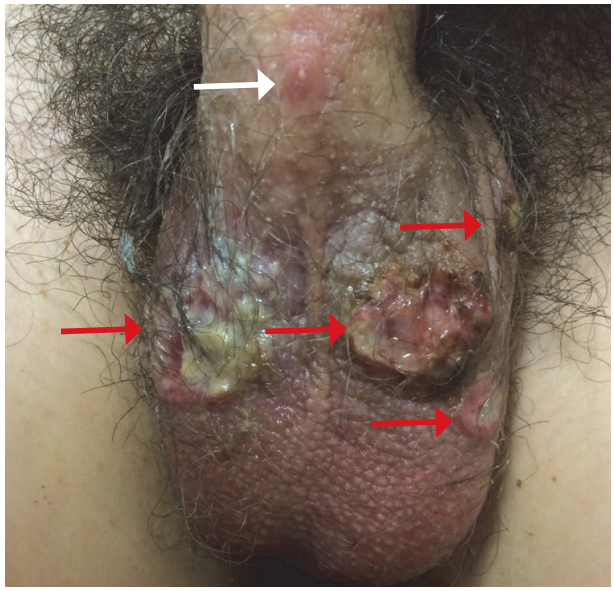

Figure 3. Four genital ulcers on the scrotum (red arrows) and a pustular lesion (pseudofolliculitis) on the penis (white arrow).

Keywords: Adolescent; Behçet Syndrome/diagnosis; Genital Diseases, Male; Stomatitis, Aphthous; Symptom Assessment

WHAT THIS REPORT ADDS

- Behçet disease is rare and requires a high level of suspicion for the diagnosis.
- Diagnosis is based on clinical manifestations, fulfilling international classification criteria.
- Poor weight progression can be one of the initial manifestations of Behçet disease.

Conflicts of Interest

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Consent for publication

Consent for publication was obtained.

Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

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