



THE DIAGNOSTIC CHALLENGE OF BEHÇET'S DISEASE

■ *To the Editor:* It was with interest that I read the summary of the grand rounds, "Meeting the diagnostic challenge of Behçet's disease," by J. Desmond O'Duffy, MD.¹ I have recently reviewed the pulmonary manifestations of Behçet's disease and would like to emphasize several points.

First, hemoptysis, though a major pulmonary manifestation associated with a poor prognosis, is not the only pulmonary symptom.^{2,3} Second, perfusion lung scanning can show diffuse bilateral disease caused by vasculitis and can be used to monitor therapy.³ Third, pulmonary angiography, though useful in defining the number and location of pulmonary vascular aneurysms, has been associated with significant exacerbation of pulmonary disease and even with mortality,² and for this reason dynamic and high-resolution computed tomography has been suggested as a safe alternative.³ Fourth, anticoagulant therapy is considered hazardous in the presence of pulmonary vascular aneurysms.² Fifth, combination therapy consisting of corticosteroids, cyclophosphamide, colchicine, and platelet-aggregation inhibitors has been recently shown to be useful, especially if initiated early.³ And finally, surgical excision followed by medical treatment is an option when aneurysmal vasculitis is localized to one area of the lung and the patient has recurrent hemoptysis, in which case surgery may be lifesaving.¹

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2. Raz I, Okon E, Chajek-Shaul T. Pulmonary manifestations in Behçet's syndrome. *Chest* 1989; 95:585-589.
3. Erkan F, Cardar T. Pulmonary vasculitis in Behçet's disease. *Am Rev Respir Dis* 1992; 146:232-239.

■ *Editor's note:* Dr. O'Duffy chose not to reply.