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DELAY IN DIAGNOSIS OF BEHCET`S SYNDROME– A CASE REPORT

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Keywords: Behçet syndrome, oral ulcers, skin lesions, delayed diagnosis

INTRODUCTION/OBJECTIVES: Behcet's syndrome (BS) is a rare chronic multisystemic disorder with unknown etiology and a unique geographic distribution. As well as in other vasculitides, damage in BC accrues over time and could cause significant influence on functional impairment and irreversible tissue loss.
CASE PRESENTATION: A 29-year-old woman who has been suffering from BS since the age of 24 developed a full destruction of soft palate and uvula, and is associate with nasal regurgitation of food and hypernasal speech. The above symptoms developed during a 4-year period that only oral symptoms of BS were present. Oral ulcerations recurred twice a year and lasted over 10-40 days, healed with scarring and tissue loss. The patient had been treated by practitioners as a cases of Sutton`s disease. Cutaneous lesions on the face, hands and lower extremities were first noted a year ago and were caused by local trauma (pathergy test equivalent). The lesions were usually painful with overhanging borders and a grayish yellow necrotic base that healed with scarring within 2 to 3 weeks. The oral examination revealed well-defined, deeply punched-out, painful ulcers on hard palate and multiple scars. The patient had gone through medical evaluation. There was no other manifestation from the other system. The biopsy was unremarkable. Duration between the time onset of BS and the diagnosis was found to be 5 years.
CONCLUSION: Long-term untimely diagnosis of BS is largely due to lack of pathognomonic clinical finding and specific laboratory test. Although rare, BS should be considered in the differential diagnosis of oral ulceration of unknown etiology.

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Dysmorphophobia

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Keywords: dysmorphophobia, psychotherapy, somatoform disorders, surgical interventions

INTRODUCTION/OBJECTIVES: According to the ICD 10 classification, dysmorphophobia belongs to somatoform disorders. An important feature is a preoccupation with a flaw in physical appearance. The perceived defect is either imagined or, if existent, significantly exaggerated by the affected person.
CASE PRESENTATION: The paper presents a 21-year-old modelling student who first contacted a psychiatrist after her suicidal ideation. For more than two years, she had been obsessing about the idea that the right side of her face was swollen, which was objectively not the case. She initially visited an ENT specialist, who found an allergy to dust and pollen and nasal septum deformation, after which septoplasty was performed. After the surgery, occasional pain occurred alongside swelling. The patient claimed that the surgeons "moved her facial bones" during the procedure, "permanently mutilating her". She asked for reoperation and a second opinion from a private plastic surgeon who stated that everything was fine physically and recommended that she contacts a psychologist. The patient then visits a psychiatrist who diagnoses dysmorphophobia, introduces antidepressant therapy and conducts individual supportive and behavioral cognitive therapy. Improvement is achieved, and the patient returns to her previous lifestyle and re-engages in all activities.
CONCLUSION: People suffering from dysmorphophobia often seek medical examinations or surgical procedures to correct their imaginary defect. Such interventions can cause the situation to worsen, leading to the intensification of existing or the emergence of new preoccupations, which again lead to new unsuccessful actions.