

LETTER TO THE EDITOR

A Case of Behçet's Disease with Massive Lower Gastrointestinal Bleeding

To The Editor

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Behçet's disease is associated with relapsing uveitis, recurrent genital and oral ulcers and recurrent episodes of gastrointestinal bleeding. However, Behçet's disease with massive rectal bleeding is very rare and few case reports have been reported. We read the article by Kim et al¹ with great interest. They presented a 30-year-old man case of Behçet's disease who came with massive gastrointestinal bleeding. Laparotomy was needed after unsuccessful angiography.

We would like to share our experience of Behçet's disease case very similar to the Kim et al's case report. Our patient was a 43-year-old man with known Behçet's disease since 4 years ago on colchicine who presented with massive lower GI bleeding. Blood pressure was 90/70 mmHg, respiratory rate 22/minute, heart rate 120/minute. On admission, hemoglobin was 9 g/dL. So 1 bag packed cell and 2 liters normal saline 0.9% were administered. The patient was conscious. Upper endoscopy was normal, so in the next step colonoscopy was performed which showed too much blood and clots only in the lumen to see the mucosal lesion. Angiography was not available in our center. However, massive lower GI bleeding was continued, so he was taken for exploratory laparotomy and total colectomy with end ileostomy was performed. During laparotomy colon was full of blood. Pathology of colon showed neutrophilic infiltration.

The complications of Behçet's disease, which most frequently require surgery, are perforation and bleeding.² The aim of writing this letter was to say that in patients with Behçet's disease who came with severe and persistent rectal bleeding, total colectomy might be necessary especially in centers without necessary equipments.

REFERENCES

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2. Bayraktar Y, Ozaslan E, Van Thiel DH. Gastrointestinal manifestations of Behcet's disease. *J Clin Gastroenterol* 2000;30:144-154.