

Hormonal Changes in Vasculo-Behçet's Disease: Editorial

Damarsal Tutulumlu Behçet Hastalığında Hormonal Değişiklikler

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The word "Behçet" represents not only a very famous dermatologist but a well-known disease which is manifested by a triadology: iritis, aphthous stomatitis and genital ulcers.¹ Clinical manifestations are the mainstay of diagnosis making.² Although the term "vasculo-Behçet" depends on the vascular involvement which mostly affects all sizes of the vessels, is not so frequent in this multisystemic, immunoinflammatory disorder as expected (15%-38%), however, presents one of the major causes of mortality.^{3,4} The major manifestations of vasculo-Behçet are arterial and venous occlusion, aneurysm formation, thromboflebitis which lead bleeding, ischemia, infarction, malperfusion of the organs and extremities and organ failure. Aneurysmal formation is likely to occur at the branch of the aortic arch which results from the obliteration of the vaso vasorum. The etiopathogenesis of vasculo-Behçet's disease is not well defined, however, vasculitis is found one of the main pathologic process.⁵ Medial thickness, splitting of elastic fiber and perivascular cell infiltration are the main histologic findings. Alterations of plasma neurohormones and cytokines in patients with Behçet disease may be the main step for evaluating the physiopathological process. Tumor necrotizing factor- α , interleukin-6 and interleukin-8 were found increased in monocyte cultures and IL-8 were found elevated in plasma in patients with Behçet's disease.⁶ The products of oxidative stress, nitric oxide and malondialdehyde were found elevated in another current study.⁷ As stated by Atasoy and coworkers, patients with active Behçet's disease had higher serum prolactin levels.⁸ Pay and coworkers pointed out that matrix metalloproteinase-9 were elevated in Behçet's disease.⁹ Higher homocystein levels were observed in patients with Behçet's disease.¹⁰

Oral, genital ulceration, skin and eye involvement in patients with vasculo-Behçet's disease may not be significant, so the first clinical presentation of arterial or venous pathology would force physicians to take into consideration of fu-

ture multi-vessel involvement of the disease. Above mentioned cytokines and neurohormones may be the footsteps of coming vascular involvement in this subset of patients with Behçet's disease.

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