

QUIZ

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A 17 years old male presented with history of hemoptysis and malaise for six month. He had a chest X-ray (Fig.1), followed by contrast enhanced computed tomogram (CECT) chest examination (Fig. 2 A-C).



Figure 1:

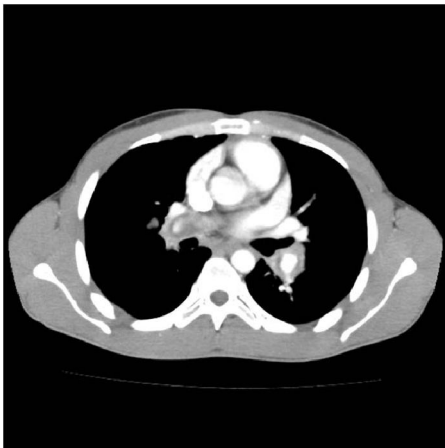


Figure 2A:



Figure 2B:



Figure 2C:

Questions

Q1. What is the diagnosis?

QUIZ

Answers

DIAGNOSIS: Behcet disease with bilateral partially thrombosed pulmonary artery aneurysms.

FINDINGS:

FIGURE 1: CXR PA view shows bilateral enlarged hilar shadows suggestive of hilar lymphadenopathy.

FIGURE 2 A-C: CECT scan chest shows bilateral partially thrombosed pulmonary artery aneurysms. Findings are pathognomonic for Behcet disease.

DISCUSSION: Behçet disease is a chronic systemic inflammatory disease characterized by a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers, and uveitis. An autoimmune mechanism has been considered for this rare disease. The incidence and prevalence of Behçet disease are highest along the old Silk Road, extending from the Middle East to China. Turkey has the highest prevalence of Behçet disease, with 420 cases per 100,000 population.¹ Behçet disease can cause aneurysms in the pulmonary arterial tree that often prove to be fatal. Pulmonary artery aneurysmal involvement is associated with right-sided cardiac thrombosis and can manifest as hemoptysis, cough, chest pain, or dyspnea.² Arterial disease predominantly affects males and only rarely occurs in women.³

References

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