

Behçet Disease – Is it as Uncommon as we Think?

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ABSTRACT

Introduction: Behçet disease is characterized by recurrent oral ulcers with involvement of any other systemic organs like ocular, skins, genital, gastrointestinal etc. Behçet disease has been reported worldwide, more common in Mediterranean, Middle East and Japan, however this is an uncommon disease in Malaysia. **Objectives:** To raise awareness of possibly of Behçet disease in chronic ulcer. **Methods:** Case report. **Results:** A 22-year-old woman was admitted for the third time for persistent labial ulcer. Despite extensive wound debridement and two courses of antibiotics, the ulcer never healed, with pain and pus discharge from the left labia. Systemic examination showed multiple oral ulcers and an extensive ulcer involving left labia majora and minora, introitus, perineal body and extending towards the gluteal region. Repeated biopsy result showed acute suppurative inflammation. Subsequent multidisciplinary team discussion involving dermatology and infectious disease achieved a provisional diagnosis of Behçet disease. She was then referred to rheumatology team for further management. She was treated with steroid and colchicine. Subsequently her wound improved and was discharged well. **Conclusions:** It is important to consider Behçet disease in women with chronic ulcers especially in those who were not-sexually active. With better understanding and awareness of the disease, appropriate early intervention and prevention of complications can improve the quality of life for patients.

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Laparoscopic Partial Bladder Cystectomy for Bladder Endometriosis

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ABSTRACT

This 30-year-old woman first presented in 2005 at 19 years of age with a problem of an endometrioma. She underwent a laparoscopic cystectomy. She was single at that time. Postoperatively, she received three doses of monthly GnRH analogue injection. She was last seen in 2006 and was well. She conceived spontaneously after that and delivered two babies in 2007 and 2010. She was seen again in April 2016 complaining of haematuria and frequency of micturition. She had seen a urologist six months earlier who had done a cystoscopy and found bladder endometriosis. No further surgery was performed, and she was given GnRH analogues for six months. However, her symptoms persisted after completion of the GnRH analogue. Examination and ultrasound showed a large bladder nodule. IVU showed stricture in the upper right ureter. She underwent a combined urology and gynaecology surgery. Stents were first placed in both the ureters. Laparoscopy showed a large bladder nodule which was adherent to the uterus. She also had many small endometriotic nodules. The bladder was released from the uterus. The urologist demarcated the bladder endometriosis using a transurethral resector. The bladder endometriotic nodule was excised laparoscopically and sutured continuously using vicryl 3-0 sutures. She subsequently conceived again and delivered her third child in 2017. This video demonstrates this combined technique of partial cystectomy of the bladder for bladder endometriosis