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Treatment Dilemma: Behcet's Complicated Budd-Chiari Syndrome

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Clinical Image Description

Behet's Disease (BD) is a multi-systemic vasculitic disease with unclear etiology. It is characterized by recurrent oral and vulvar ulcers and ophthalmitis, so it is also called oral-eye-genital triad. When BD involves veins, the main manifestation is thrombosis. When BD involves the hepatic vein and or the inferior vena cava above its opening leading to obstruction, the clinical manifestations of Budd Chiari syndrome (BCS) such as nausea, vomiting, abdominal pain, abdominal distension, jaundice, hepatomegaly, and ascites may occur. BCS is a rare complication of BD, but due to the insidious onset of BD, when patients visit the hospital due to BCS clinical manifestations, they often have had BD clinical manifestations for a long time when they are asked about their medical history, because the disease is difficult to diagnose and treat. At present, among the many treatment options for Behcet's disease combined with Budd-Chiari syndrome at home and abroad, The prognosis of this disease is still poor, and the best treatment regimen remains to be explored. We report a case of Behcet with Budd-Chiari syndrome, in which the symptoms of the patient were significantly improved by angioplasty and anticoagulant therapy, and report that the gradual angioplasty based on anticoagulation may be the solution for Behcet with Budd-Chiari syndrome.

A 24-year-old female patient was admitted to the outpatient clinic due to fatigue, abdominal distension, chest tightness, and satiety for 2 weeks. The patient was treated with etopride and pantoprazole. One week later, the patient's symptoms aggravated and accompanied by edema of both lower limbs. Laboratory results are as follows: ALT: 108 u/L, AST: 47 u/L, Tbil: 35.11 umol/L, ALP: 111 u/L, GGT81U/L, 31.1 g/L of albumin, MRI in inferior vena cava and right hepatic vein thrombosis, hepatomegaly, ascites, pleural effusion (Figure 1). After 6 weeks of anticoagulant therapy, the patient's symptoms and thrombosis were not improved. The vena cava was identified and restricted balloon angioplasty (12 mm in diameter) was performed, followed by anticoagulation. Six weeks later, the patient's symptoms improved with a marked reduction in thrombus, and a final angioplasty (26 mm diameter) was performed. In late three

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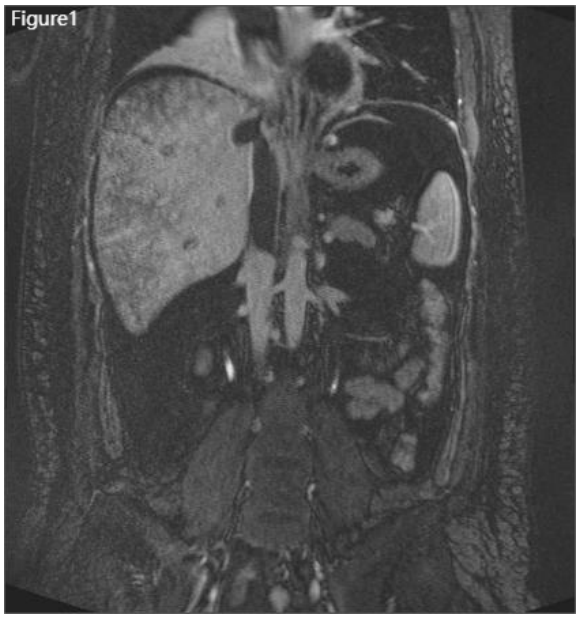

Figure 1: Preoperative magnetic resonance imaging showed hepatomegaly with topographic enhancement of liver parenchyma, thrombosis in the inferior vena cava and right posterior hepatic vein

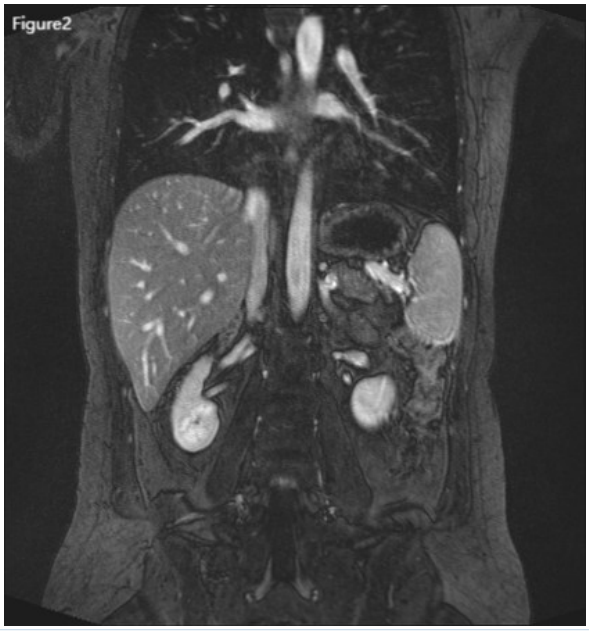

Figure 2: Postoperative MRI showed that the size of the liver was normal, the right branch of the hepatic vein was clearly developed, and thrombus in the inferior vena cava and right hepatic vein was completely removed.

times of follow-up with the patient symptoms improved, laboratory tests results showed that the ALT: 29 u/L, AST: 24 u/L ALP: 56 u/L, GGT: 88 u/L, albumin is 38.3 g/L, Tbil: 13.6 umol/L. MRI showed normal liver size, clear visualization of the right branch of the hepatic vein, and complete eradication of thrombosis in the inferior vena cava and right hepatic vein (Figure 2). Behcet's disease was well controlled after immunotherapy. This case suggests that Behcet's disease may be one of the causes of Budd-Chiari syndrome and that a step-by-step angioplasty based on anticoagulation may be the solution.

In conclusion, BCS is a rare complication of BD, but it has a high mortality rate and a poor prognosis. Patients often present with severe vascular lesions or even decompensated cirrhosis when they visit the hospital. Therefore, in clinical work, clinicians should not only improve the vigilance of BD, but also make clear whether BD is the cause of BCS, so as to make early diagnosis and early treatment. This case highlights that anticoagulation combined with angioplasty is an important option for the treatment of Budd-Chiari disease due to Behcet's disease.

Author declarations

Contributors

We all provided care for the patient and wrote the article. Jie Xue wrote and reviewed this manuscript. Hongbin Zhu reviewed the manuscript and checked the data. Guangchuan Wang and Chunqing Zhang directed the diagnosis and therapy strategies for the patient and reviewed the manuscript.

Conflict of interest

We declare no conflicts of interest and have not received any grants or financial support. Written consent for publication was obtained from the patient.

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