Behcet's disease is an uncommon multisystemic inflammatory disorder characterised by recurrent oral aphthous ulcers, genital ulcers, uveitis, and skin lesions. Involvement of the large vessels is less frequent. Vascular involvement in Behcet's disease is divided into venous and arterial thrombosis and arterial aneurysmal formation. Arterial involvement of Behcet's disease most frequently affects the abdominal aorta, followed by the femoral and the pulmonary arteries.

Results In this case, he fulfils the described criteria for Behcet's disease by the International Study Group for Behcet's disease in 1990. Our diagnosis of Behcet's disease was based mainly on the recurrent oral ulceration, recurrent genital ulceration, eye lesion, skin lesion, and positive HLA-B51 and pathergy test.

Conclusion To our knowledge, the present case is the first patient described with Behcet disease who developed celiac trunk aneurysms. We should be aware of this complication in patients with Behcet's disease who develop abdominal pain.

REFERENCES

- 1 Junewick JJ, Grant TH, Weiss CA, *et al.* Celiac artery aneurysm: color Doppler evaluation. *J Ultrasound Med.* 1993;**12**:355
- 2 Sakane T, Takeno M, Suzuki N, Inaba G. Behcet's disease. *N Engl J Med.* 1999;**341**(17):1284-91
- 3 Vohra R, Carr HM, Welch M, *et al.* Management of celiac artery aneurysms. *Br J Surg.* 1991;**78**:1373
- 4 Lukes P, Wihed A, Tidebrant G, *et al.* Angiography of visceral aneurysms. *Eur Radiol.* 1994;**4**:75
- 5 International Study Group for Behcet's Disease. Criteria for diagnosis of Behcet's disease. *Lancet* 1990;**335**:1078-80

AB0083 TAKAYASU ARTERITIS WITH BILATERAL RENAL ARTERY STENOSIS IN A 17-YEAR-OLD GIRL

¹K Aksu, ¹G Keser, ¹V Inal, ²A Memis, ¹F Oksel, ³N Hizli, ¹Y Kabasakal, ¹G Gümüşdis, ¹E Doganavsargil. ¹Rheumatology; ²Radiodiagnosics; ³Rheumatology, Atatürk State Hospital, Izmir, Turkey

10.1136/annrheumdis-2001.190

Background Takayasu arteritis, commonly seen in young women, is a large vessel vasculitis, primarily affecting aorta and its major branches. Hypertension frequently accompanies Takayasu arteritis and in approximately 75% of the cases it is due to renal artery involvement, causing stenosis. Hereby, we report a 17-year-old girl with Takayasu arteritis, having bilateral renal artery stenosis, with unilateral atrophic and afunctional kidney.

This patient, who was diagnosed as Takayasu arteritis 3 years ago, with typical physical findings such as absent upper extremity peripheral pulses and classical angiographical findings involving arcus aorta and its major arteries, has been referred to our rheumatology department because of uncontrolled hypertension. Renal Doppler ultrasound studies and angiography revealed bilateral renal artery stenosis with atrophic right kidney. Successful angioplasty, followed by stent replacement corrected the stenosis in the left renal artery. However, the stenosis in the right renal artery involved a longer segment and angioplasty or stent replacement was not possible. From technical point of view, there was no way for surgical bypass for the stenosis in the right renal artery. Furthermore, no function was observed in the right kidney during renal scintigraphy. Nephrectomy of the right kidney was planned, but it was not accepted by the patient. Since the left renal artery stenosis was corrected, renovascular hypertension maintained by the right renal artery stenosis was treated successfully by captopril and the patient was closely monitored with respect to renal function tests.

In conclusion, renal artery stenosis should always be kept in mind in Takayasu arteritis with hypertension.

Objectives

Methods

Results

Conclusion

AB0084 BEHÇET'S DISEASE AND BUDD-CHIARI SYNDROME: TWO CASES WITH DIVERSE PROGRESSES

¹K Aksu, ¹G Keser, ¹V Inal, ¹F Oksel, ¹H Kocanaogullari, ²Y Tokat, ³Y Batur, ¹G Gümüşdis, ¹E Doganavsargil. ¹Rheumatology; ²General Surgery; ³Gastroenterology, Ege University, Faculty of Medicine, Izmir, Turkey

10.1136/annrheumdis-2001.191

Background Behçet's disease (BD) is a systemic vasculitis of unknown aetiology that can lead to thrombosis of both veins and arteries of various sizes. Thrombosis of hepatic veins, known as Budd-Chiari syndrome (BCS) may be seen in BD, with variable clinical courses as described in 2 patients:

Case 1: Thirty-four year-old male patient had oral and genital ulcers and erythema nodosum for 2 years. Within two weeks after presentation, thrombosis of hepatic veins and vena cava inferior was found, while evaluating the patient for abdominal pain and liver function test abnormalities. The patient well responded to the treatment consisting high dose prednisolone, pulse cyclophosphamide and anticoagulant drugs with recanalisation of the veins. At the end of two years, the patient has still been in clinical remission.

Case 2: A twenty year-old male patient had oral and genital ulcerations for 4 years and had an episode of uveitis 4 years ago. He was referred to our clinic because of abdominal distension and oedema of lower extremities lasting for 4 months. The laboratory analyses disclosed ascites, grade III varicosity of oesophagus and thrombosis of hepatic veins and vena cava inferior. Mesoatrial shunt operation was performed when the initial treatment with pulse cyclophosphamide and high dose prednisolone failed. Obliteration of the shunt was observed by doppler ultrasonography, performed one week after the operation. He did not respond to the supportive therapy after the shunt operation and was lost with gastrointestinal bleeding.

Objectives

Methods

Results

Conclusion These two male Behçet's patients with BCS are examples of diverse prognoses, probably depending upon how early the diagnosis is made, and how efficient the treatment is. BCS in BD, may have a better prognosis if the diagnosis is made earlier and the treatment started sooner in the course of the disease.

AB0085 THE EFFECTIVENESS OF MELOXICAM IN TREATING ERYTHEMA NODOSUM SYNDROME

El Chmidt, KV Zhukova. *Rheumatology, The 1-St City Hospital, Moscow, Russia*

10.1136/annrheumdis-2001.192

Background

Objectives We used meloxicam at a dose of 15 mg a day for treating erythema nodosum (EN) of various aetiology in 47 patients (44 females and 3 males aged 15-68). Not depending