

335 - BEHÇET DISEASE PRESENTING WITH ACUTE PSYCHOSIS

Authors: A.M. Carvalheiro, A.R. Fonseca, J. Maia; Leiria Hospital Center, Psychiatry and Mental Health, Leiria, Portugal

Objectives

Using as a starting point a clinical case, the authors performed a literature review to clarify the relationship between Behçet disease and acute psychosis.

Methods

Analysis of the patient's clinical process and brief review of the latest available literature on the subject, published in PubMed/Medline databases.

Results

Male patient, 55 years old, brought to the emergency room by fever, headache, hetero-aggressive behavior, disinhibited behavior, mood swings, euphoria, persecutory delusions and insomnia, in the last 4 days. He had no insight into his illness. There was no personal or family history of psychiatric illness and toxicological habits were irrelevant. Due to the personal history of posterior uveitis with bilateral macular edema, retinal vasculitis, genital aphthosis, papulo-vesicular lesions and recurrent bipolar aphthosis, the hypothesis of neuro-behçet was raised.

Conclusions

Behçet's disease can present with neurological involvement - neuro-behçet - and can manifest itself with several psychiatric symptoms (euphoria, lack of insight, disinhibited behavior, agitation or psychomotor retardation, persecutory delusions, obsessive thoughts, anxiety, depression, insomnia or memory changes). Fever and headache usually appear in the prodromal stage and can be signs of onset or recurrence of the disease. The prevalence of neuro-behçet ranges from 2 to 50% and usually occurs 1 to 10 years after the first symptoms of the disease. Since it appears as the first manifestation of the disease in only 3% of cases, it is difficult to diagnose. The literature suggests that symptoms are generally resistant to treatment with conventional psychotropic drugs and so it is an important cause of morbidity and mortality."