A case of Behcet's disease and Graves' thyrotoxicosis co-existing in the same patient: a rare combination

Authors: Imran Shahriar,[A] Poonam Sharma,[A] Satyanarayana Sagi[B] and Samson O Oyibo[B]

Aims

Behcet's disease is a rare autoimmune vasculitic disorder that is characterised by a triple-symptom complex of recurrent oral aphthous ulcers, genital ulcers and uveitis. The disease is named after the Turkish dermatologist Hulusi Behçet, who identified it in a patient in 1924 and published a description of the disease in 1937. Although it is a sporadic disease, familial aggregation has been linked to HLA-B51 carriers. Graves' disease is another autoimmune disease characterised by thyrotoxicosis. It is rare to find these two conditions co-existing in the same patient. We aim to present a patient who had these two conditions.

Methods

A 41-year-old gentleman of Turkish decent presented with a 3-month history of painful joints, generalised rash, sweating, palpitations, 18 kg weight loss and painful red eyes. He also complained of pain on micturition. Some years previously he had a history of recurrent mouth ulcers and scrotal ulcers for which he had intermittent courses of steroid treatment. He had a strong family history of hyperthyroidism affecting both his first- and second-degree relatives. On examination, he was found to be clinically thyrotoxic with bilateral red eyes and a generalised erythematous papular rash, with ulcers over his tongue and lips.

Results

His blood results revealed a biochemical evidence of severe thyrotoxicosis (thyroid stimulating hormone <0.01 mU/L, free thyroxine >100 pmol/L, free triiodothyronine = 47.8 pmol/L). This was also confirmed by a thyroid ultrasound scan and a nuclear uptake thyroid scan. Thyroid receptor antibodies were also positive. His other symptoms and clinical findings fulfilled the criteria for a diagnosis of Behcet's disease, despite there being a negative pathergy test and being HLA-B51-negative. His erythrocyte sedimentation rate (ESR) was constantly raised and tests for other autoimmune antibodies were negative.

He was commenced on carbimazole to control the thyrotoxicosis and prednisolone followed by azathioprine to control the Behcet's disease. The prednisolone was later tapered off as the condition became under control. The patient is feeling much better while being followed up by both the endocrinology and rheumatology team.

Conclusion

We have presented a rare case of the co-existence of Behcet's disease and Graves' thyrotoxicosis in the same patient. A previous study did not find any association between Behcet's disease and Graves' thyrotoxicosis. Additionally, reports of these two conditions coexisting in the same patient are rare in the literature. ■

Conflict of interest statement

We have no conflict of interest.

Authors: [A]Rheumatology; [B]Endocrinology, Peterborough City Hospital, Peterborough, UK