Behcet’ disease is a vasculitis with multisystemic localization characterized by recurrent oral and genital aphthous ulcers, uveitis, skin lesions, neurological disease. Etiology remains unknown. The pulmonary manifestations during the Behcet’s disease are rare and constitute one of the most serious localization of the disease.

We report on a 15 years old boy admitted to our hospital with chest pain associated with recurrent oral aphthous ulcers and prolonged fever.

His past history revealed that 2 years earlier he had thromboembolus of longitudinal sinus ocurred.

Clinical examination on admission showed a poor general state, fever was as high as 39°C, an oral aphthous ulcers and a scar of a genital aphthous ulcers. He had 2/6 heart murmur in the mitral area and diminished breath sounds on the right base of the chest. Chest Xray showed a heterogeneous opacity in the right lower lobe. The thoracic angioscanner revealed the existence of a thrombosis of the right lower pulmonary artery and the pulmonary scintiscanning of perfusion showed a total defect perfusion of the right lower lobe.

Lung function reveals a moderate restrictive syndrome and SaO2 95% on air. The cardiac echo doppler found a thrombus of the right ventricle size 4,7 cm2, confirmed by cardiac IRM. Cerebral AngioIRM showed a longitudinal sinus thrombosis.

The diagnosis of Behcet (AngioBehcet) was retained in front of:

- Right ventricular thrombosis complicated by pulmonary embolism
- Longitudinal sinus Thrombophlebitis
- Bipolar Aftosis

The treatment was started with the prednisone 2mg/kg, Azathioprine 2.5 mg/kg, heparinotherapy LMWH(Lovenox) and Colchicine. Following this therapy, an improvement of the general condition and disappearance of fever and the oral aphthosis was noted. The cardiac echo at 4th and 8th weeks showed a frank reduction in the size of the thrombus, but the same defect was present on pulmonary scintigraphy.

From this observation, we will review respiratory manifestations of Behcet’ disease and therapeutic modalities.

Conclusions: thromboembolic complications in the course of the Behcet’ disease can be lifethreatening. The immunosuppressive therapy along with the heparinisation on a long term basis allow a better control of the disease and may avoid the need of surgery.
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Conclusions:
Younger the age severity and complications of this diseases are more and the usual clinical