1. Abstract
Behçet's disease is a chronic inflammatory disease characterized by its clinical polymorphism associating mucocutaneous involvement to systemic manifestations. The mucocutaneous lesions are considered the hallmark of the disease, being the most common symptoms presenting at the onset of disease. Our objective was to determine the characteristics of this skin involvement during Behçet's disease. We conducted a descriptive study over a period of 30 years, having collected all patients with Behçet's disease. These were 98 patients. A male predominance was observed in our studied population with a Sex Ratio of 2.5. The mean age at diagnosis was 34 years, ranging from 15 to 63 years. A family history of BD was found in five patients (5.1%). All of our patients had at least one case for resistant forms.

2. Abbreviations: BD: Behçet's Disease

3. Introduction
Behçet's Disease (BD) is a chronic inflammatory disease of unknown etiology, characterized by its clinical polymorphism associating recurrent oral aphthosis, genital ulcers, and systemic manifestations mainly ocular, vascular and neurological. The mucocutaneous manifestations are fundamental and represent four criteria among the international criteria for Behçet's disease. Their frequency varies depending on the geographic origin.

The aim of our work is to describe the main mucocutaneous manifestations during BD.

4. Materials and Methods
This was a single-center, retrospective and descriptive study, conducted over a period of 30 years (from January 1, 1990 to December 31, 2019). We have collected all the files of patients with BD, hospitalized or followed in the outpatient department of the Internal Medicine department of Mohamed Taher Maamouri hospital in Nabeul. The diagnosis was retained according to the international criteria of BD.

5. Results and Discussion
During the study period, we collected 98 cases of confirmed BD. The annual incidence of BD averaged 3.7 new patients per year. A male predominance was marked. These were 70 men and 28 women with a sex ratio of 2.5. The average age at diagnosis of BD was 34 years, ranging from 15 to 63 years. A family history of BD was found in five patients (5.1%). All of our patients had at least one case for resistant forms.
one mucocutaneous involvement. Oral aphthosis was present in all patients, whose different locations were at the level of: the internal surface of the lip (68%), the internal surface of the cheek (24%), the tongue (8%) and gums (4%) (Figure 1).

Figure 1: Shows a picture of oral aphthosis in the tongue

Genital ulcers were observed in 81 cases (82.7%). Genital aphthosis were noted in 63 patients (64.3%) (Figure 2). In addition to bipolar aphthosis, other mucocutaneous manifestations were noted in 66 cases (67.3%). Pseudofolliculitis was observed in 61 cases (62.2%), located in the back, thighs, trunk and face (Figure 3).

The other mucocutaneous manifestations were erythema nodosum in 7 cases, cutaneous aphthosis in 4 cases, acneiform lesions in 2 cases, perianal aphthosis, skin ulceration and erythema multiforme in one case respectively. Skin hypersensitivity was demonstrated by the skin pathergy test in 76% of cases (Figure 4).

Figure 2: Illustrates the image of genital aphthae in the scrotum.

Figure 3: Shows a picture of pseudofolliculitis in the thigh.

Figure 4: Shows a positive pathergy test.

All of our patients were treated with colchicine. Nonsteroidal anti-inflammatory drugs were indicated in one case of colchicine-resistant erythema nodosum. Topical corticosteroids were started in a patient with genital ulcers resistant to colchicine.

The most common manifestation is mucocutaneous involvement in BD. Our study confirms this finding. The presence of specific skin signs is a precious help for a definite diagnosis. Histologically, the lesions are frequently perivascular with proeminent infiltrates of neutrophils and/or lymphocytes. Among the international classification criteria for BD, four criteria are dermatological (oral aphthosis, genital aphthosis, positive pathergy test and skin involvement) [1]. Skin manifestations may precede or occur concomitantly with other systemic manifestations. But can also occur after the systemic manifestations which makes the diagnosis of BD difficult, explaining the important diagnostic delays.

Oral ulcers are observed in 92 to 100% of cases [2, 3]. Their
lesions are essentially perivascular with prominent infiltrates nodosum and pyoderma gangrenosum. Histologically, these Cutaneous lesions mainly include pseudofolliculitis, erythema nodosum and pyoderma gangrenosum. Histologically, these lesions are essentially perivascular with prominent infiltrates of neutrophils and/or lymphocytes. Hypersensibility to needle pricks is explored by the skin pathergy test. But the frequency of its positivity varies depending on the country. In the absence of systematic lesions justiciable of aggressive treatment, the treatment of dermatological lesions is based on colchicine.

7. Conflict of Interests
The authors declare that they have no conflict of interests regarding the publication of this paper.

References