Intestinal Behçet’s Disease Diagnosed by Capsule Endoscopy

C. Gubler, P. Bauerfeind
Division of Gastroenterology, Department of Internal Medicine, Universitätsspitale Zürich, Zürich, Switzerland

Corresponding Author

P. Bauerfeind, M.D.
Universitätsspitale Zürich
Abteilung Gastroenterologie
Rämistraße 100
8091 Zürich
Switzerland
Fax: +41-1-2554503
E-mail: peter.bauerfeind@usz.ch

Figure 1 A 24-year-old woman with known Behçet’s disease complained of intermittent cramping abdominal pain. The diagnosis of Behçet’s disease had been based on necrotizing vasculitis at the vulva. The abdominal pain always resolved promptly when steroids were given; no nonsteroidal anti-inflammatory drugs (NSAIDs) were taken. In the middle jejunum, capsule endoscopy revealed pseudopolypoid lesions without villi, as described in enteroclysis studies.

Figure 2 Small aphthoid lesions were found within the terminal ileum. The two distinct lesions seen on capsule endoscopy are indicative of intestinal involvement, namely the mucosal form of Behçet’s disease.