Right Ventricular, Tricuspid Valve, And Inferior Vena Cava Thrombosis in Behçet's Disease: A Case Report

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We are reporting a rare case of Behçet's disease manifested by fever, tricuspid valve, right ventricular, and inferior vena cava thrombosis improved by corticosteroid and cyclophosphamide.

A 30-year-old Libyan man, scholar and sheep dealer, had a history of intermittent fever, dyspnea, night sweating, and productive cough for more than four months with no significant response to antibiotics. Wide ranges of investigation were done including: blood investigation, sputum, and skin biopsy of suspicious nevus, and ultra sound abdomen. Furthermore, computed tomography of the brain, chest, abdomen and pelvis were performed in addition to transthorasic echocardiography and transesophegeal echocardiography, and cardiac magnetic resonance as well. Laboratory investigations were: CRP 16.9mg/dl ESR 100mm/1st hr INR 2.48 on anticoagulant. Chest high-resolution CT scan showed bilateral multiple emboli, abdominal ultrasound illustrated inferior vena cava thrombosis to the level below the renal vessels with Budd- Chiari syndrome, cardiac imaging demonstrated: RV mass, TV attached structure at the ventricular aspect and pulmonary artery thrombus with no regional wall motion abnormality and preserved ejection fraction by echocardiography, cardiac lesions measuring 3.5 cm related to interventricular septum and 1.4 cm related to lateral wall of the right ventricle with voidance of moderate heterogonous contrast enhancement by cardiac magnetic resonance. The patient received antibiotics, antipyretics, in addition to anticoagulant, however; there was no improvement in his condition. While he was in the hospital, some scrotal mouth ulcers appeared, pathergy test was done and it was positive, ophthalmological investigation demonstrated papillitis and blepharitis. Based on that Behçet's disease was the diagnosis and prednisolone and cyclophosphamide was started with dramatic improvements.

Conclusion: Cardiac and vascular thrombosis in Behçet's disease respond to prednisolone and cyclophosphamide.

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