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P.4 NEURO-BEHÇET DISEASE WITH BENIGN INTRACRANIAL HYPERTENSION: HOW CAN WE BETTER TREAT IT? REPORT OF TWO CASES

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Behçet disease is a multisystemic chronic disease of unknown etiology, characterized by an inflammatory perivasculitis that can arise in almost any tissue. It was first described in 1937 with the classic clinic triad: recurrent oral and genital ulcers with uveitis. Neurological involvement is one of the most serious causes of long-term morbidity and mortality. Its prevalence is described as highly variable, ranging from 1-3% to 59% and it is reported as 2-8 times more frequent in men than in women, with age of onset usually around 20–40 years. Behçet disease's involvement of the Central Nervous System can be categorized as parenchymal and non-parenchymal with the second one typically characterized by vascular complications such as the presence of intracranial aneurysms and thrombosis within the large vessels (usually veins). This condition may lead to a syndrome of intracranial hypertension and permanent visual loss. Clinical management of intracranial hypertension in Behcet patients resistant to medical treatment, is complex and not fully clarified. We describe two cases of Neuro-Behçet disease with benign intracranial hypertension, treated in our Department, in which lumboperitoneal gave a benefit, even if long-lasting, with several complications resulting from surgery. Our two cases highlight that if diagnosis of Behçet disease is correct, and treatment proper and timely, clinical results are more favorable. The disease's course may not be entirely benign: further researches on its pathophysiology are required and cooperation between different specialists is mandatory, because it may lead to a better management of this complex clinical entity.