Aortic and Mitral Regurgitation Associated with Behçet’s Disease

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A 71-year-old man with no history of cardiac disease was admitted to our hospital due to new-onset heart failure. Echocardiography revealed an aneurysm of the right coronary cusp of the aortic valve with severe aortic regurgitation, and the anterior mitral valve leaflet was severely thickened with restrictive motion, resulting in severe mitral regurgitation (Picture 1-3). This information, together with his clinical features of recurrent oral ulceration and skin lesions, indicated a diagnosis of Behçet’s disease. Upon admission, the patient was treated with oral prednisolone at 1 mg/kg/day (55 mg/day), and was tapered to 15 mg/day before surgery. He underwent aortic valvuloplasty and mitral annuloplasty, and the postoperative course was uneventful.

Cardiac involvement of Behçet’s disease is rare, most often leading to aortic valve leaflets (1, 2). Mitral valve involvement is even more rare, and thus, the presence of both aortic and mitral valve involvement in Behçet’s disease, as in our present case, is extremely rare.

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References
