A 66-year-old woman with a history of recurrent painful oral aphthae and ileum ulcer visited our hospital complaining of discomfort of the throat. Ulcerative lesions were found on the epiglottis, infiltrated with neutrophils, lymphocytes and macrophages without epithelioid granuloma. A skin pathergy test was positive. Laboratory tests showed elevated white blood cell counts and C-reactive protein levels. Her human leukocyte antigen haplotype tests proved the presence of B51. She was diagnosed with Behçet’s disease, and treatment with colchicine and salazosulfapyridine improved the ulcers. Six months later, she complained of joint pain and swelling on the right second and third interphalangeal joints (Picture A). Magnetic resonance images showed evident thickness and strong gadolinium contrast enhancement of the interosseous muscle tendons around the joints (Picture B). Tendonitis improved after administering an injection of triamcinolone. While joint involvement in Behçet’s disease is usually non-erosive synovitis in large joints, the present case showed that Behçet’s disease can induce tendonitis in small joints (1, 2).

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References