ABSTRACT

Behçet’s disease is characterized by a chronic multi-system and recurrent inflammatory condition. Central nervous system and vascular manifestations can be found late in the course. Rarely an association with intracranial aneurysms happen, if so, usually in the anterior circulation. We describe a case of Behçet’s disease associated with a dissecting aneurysm of the vertebral artery submitted to an endovascular treatment.

Keywords: aneurysm, Behçet’s disease, endovascular treatment.

INTRODUCTION

Behçet’s disease (BD) is a multi-system, recurrent, chronic inflammatory condition of unknown etiology. It is characterized by oral and genital ulcers, uveitis, and a variety of other manifestations. Although four types of vascular lesions including arterial occlusion, arterial aneurysms, venous occlusion and venous varices are seen in the body, few cases of aneurysms associated with BD are reported in the literature and the exact incidence is unknown.

We report on a patient presenting with BD associated with a dissecting aneurysm of the vertebral artery.

CASE REPORT

A 42 years-old male was admitted to the emergency complaining of a severe and sudden headache followed by a seizure. The neurological examination was unremarkable, except for neck stiffness, Hunt-Hess 1. Of note, he had a history of...
BD since he was 35-years old. He had exhibited uveitis, skin erythema, genital and oral ulcers, treated by steroids with good control of the disease manifestations.

CT scan showed a Fisher II subarachnoid hemorrhage. Angio CT and digital subtraction angiography (DSA) evidenced a dissecting aneurysm in the right vertebral artery, just after the origin of postero-inferior cerebellar artery (PICA). (Fig. 1)

The patient underwent endovascular obliteration of the right vertebral artery, distal to the PICA by deployment of coils. (Fig. 2) The procedure was uneventful, with early postoperative DSA presenting good result. The patient was discharged asymptomatic 10 days after the procedure.

**DISCUSSION**

BD is a condition characterized by vasculitis of arteries and veins of any size from small to large\(^6,11\), with central nervous system and vascular manifestations found late in the course\(^1\). Venous lesions are much more common than the arterial ones. Arterial aneurysms tend to be multiple and their rupture is a major cause of death\(^4,11\). They are most commonly found in the abdominal aorta, followed by the femoral and pulmonary arteries\(^1\). Intracranial aneurysms are rare in BD\(^3,15\) and when present usually occur at the common sites of the ordinary saccular aneurysms\(^10\), most of them in the middle cerebral artery\(^1\). Our patient differed in that the aneurysm was located in the posterior circulation, what is extremely rare, considering that only six cases were previously reported\(^2\). Treatment of cerebral aneurysms in BD depends on the location, size and rupture occurrence. Surgical treatment has been considered the first choice for ruptured cerebral aneurysms associated with BD, especially saccular aneurysms of the middle cerebral artery\(^9\). However, endovascular treatment is a reasonable alternative to surgery in ruptured, peripherally located, fusiform-shaped, dissecting pseudo-aneurysms, and posterior circulation aneurysms, not only in BD\(^6\), but also in other settings\(^6,12\).

**REFERENCES**


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