

Think Behçet's for Recurrent Aphthous Ulcers

BY NANCY WALSH
New York Bureau

LAKE BUENA VISTA, FLA. — The diagnosis of Behçet's disease must be considered in any patient with recurrent oral and vulvar aphthous ulcers, even if the deep, full-thickness ulcers in the mouth and vulva develop at different times.

Behçet's disease is a chronic inflammatory vasculitis most commonly seen along the ancient silk route from Japan and across Korea, Turkey, and Greece, according to Dr. Andrew T. Goldstein. In the West it occurs most often among young women of Asian or Mediterranean descent.

"This is a bad vasculitis, with complications including dissection of the aorta, blindness, and stroke," he said.

Aside from the aphthous ulcers, patients with Behçet's disease may have acnelike skin lesions or erythema nodosum as well as ocular, central nervous system, and bowel involvement.

The ocular manifestations can be varied and severe, and include iritis, uveitis, and retinal vasculitis. Behçet's disease also can be associated with arthritis and meningi-

tis, and any evidence of this disorder should prompt consultations with ophthalmologists, rheumatologists, and gastroenterologists as symptoms dictate.

"One of the easiest ways of diagnosing Behçet's is the pathergy test," said Dr. Goldstein, who is in group practice in Washington.

The pathergy test, in which a 5- to 7-gauge needle is inserted into the forearm, has a very high predictive value, although its negative predictive value is less. If induration develops 24-48 hours later at the site of needle insertion, the test is positive, he said at the annual meeting of the International Pelvic Pain Society.

Although a positive pathergy test is helpful in the diagnosis of Behçet's disease, only a minority of Behçet's patients demonstrate the pathergy phenomenon, according to the Vasculitis Foundation. Patients from the Mediterranean region are more likely to show a positive response, with only 50% of patients in Middle Eastern countries and Japan showing the reaction.



A vulvar aphthous ulcer is shown as typically found in a patient with Behçet's disease.

munosuppressives such as azathioprine and corticosteroids; and anti-tumor necrosis factor therapy, particularly with infliximab, according to Dr. Goldstein, who also practices at George Washington University Hospital, Washington.

A recent international expert panel suggested that anti-TNF therapy might be suitable for patients with severe, organ-threatening disease—patients with two or more relapses of posterior uveitis per year—low visual acuity resulting from chronic cystoid macular edema, or active central nervous system disease (*Rheumatology* 2007;46:736-41).

Aphthous ulcers not caused by Behçet's disease occasionally can be associated with Epstein-Barr virus or cytomegalovirus, but most commonly they are a manifestation of stress.

"These can be seen in adolescents who are sexually naive and are accused of having herpes and are repeatedly tested and cultured," Dr. Goldstein said.

Treatment for these ulcers involves managing pain with lidocaine and systemic pain medications, intralesional triamcinolone, and amoxicillin-clavulanate and fluconazole for superinfection. ■

A positive reaction is even less common in the United States, and other conditions can occasionally mimic the results (www.vasculitisfoundation.org/pathergytest).

Treatments that have been tried for Behçet's disease include conventional im-

At Age 30-Plus, IBD Spurs Primordial Follicles' Loss

BY SHARON WORCESTER
Southeast Bureau

SAN FRANCISCO — Inflammatory bowel disease does not severely alter ovarian reserve but may accelerate loss of primordial follicles in those aged 30 years and older, results from a clinical study showed.

The investigators measured anti-müllerian hormone—which is a reliable hormonal marker for evaluating ovarian reserve independently of the menstrual cycle—in 44 women aged 20-41 years who had IBD and were in clinical remission after infliximab treatment for either Crohn's disease (37 patients) or ulcerative colitis (in 7 patients).

The hormone levels were compared with those of 163 age-matched women undergoing in vitro fertilization who had a normal ovarian response to controlled ovarian stimulation (5-15 oocytes retrieved) and a normal serum anti-müllerian hormone level (greater than 1.5 mcg/L).

The anti-müllerian hormone levels did not differ significantly overall between the IBD and control patients (2.72 vs. 2.12 mcg/L), Dr. Thomas Fréour reported in a poster at the annual meeting of the American Society for Reproductive Medicine.

However, when the women were stratified by age 30 years and older versus age less than 30 years, the anti-müllerian hormone levels were found to differ in the older women, with those aged 30 years and older having lower levels than controls (2 vs. 2.96 mcg/L).

The levels in the younger patients remained comparable in the patients and controls, said Dr. Fréour of the University Hospital Center of Nantes (France).

Inflammatory bowel disease has been shown in previous studies to be associated with female subfertility, mainly through tubal dysfunctions, extensive adhesions, or surgical consequences on pelvic function, but alteration of ovarian reserve in those with IBD had not been previously studied, Dr. Fréour noted.

The findings suggest that in reproductive age women 30 years and older who have IBD, a substantially accelerated loss of primordial follicles may occur.

This loss might be attributed to chronic inflammation and/or to IBD treatments, he noted, adding that although the findings need to be confirmed in a larger population, they could be helpful for counseling women with IBD about their future prospects of fertility. ■

Endometrial Ablation Methods for Menorrhagia Found Equally Good

BY DOUG BRUNK
San Diego Bureau

LAS VEGAS — Bipolar radiofrequency ablation and thermal balloon ablation are equally effective for the treatment of menorrhagia, a population-based cohort study showed.

However, women who underwent radiofrequency ablation (RFA, or NovaSure), a technology that was introduced in 2001, were nearly three times more likely to develop postprocedural amenorrhea than were women who underwent thermal balloon ablation (TBA, or ThermoChoice), a technology that was introduced in 1997, Dr. Sherif El-Nashar said at the annual meeting of the AAGL.

"In several randomized clinical trials, the newer global endometrial ablation technologies had comparable efficacy to hysteroscopic endometrial ablation, along with [an] improved safety profile," said Dr. El-Nashar of the department of obstetrics and gynecology at the Mayo Clinic, Rochester, Minn.

"Despite the wide use of global endometrial ablation technologies in clinical practice, to date, only two randomized controlled trials have directly compared RFA and TBA technologies. Despite their excellent design, they had relatively small sample sizes, were all from single centers, and had a relatively short follow-up," he added.

In a study led by Dr. El-Nashar's mentor, Dr. Abimbola O. Famuyide, the researchers used the Rochester Epidemiology Project to identify 455 women who resided in Olmsted County, Minn., and underwent global endometrial ablation for menorrhagia between January 1998 and Decem-

ber 2005. The project includes information about patients receiving care at Olmsted Medical Center and the Mayo Clinic.

The researchers then compared the efficacy of RFA to TBA using treatment failure and postprocedure amenorrhea as outcome measures. Treatment failure was defined as reablation or hysterectomy for persistent bleeding or pain; amenorrhea was defined as the complete cessation of menstruation starting immediately post ablation for 12 months or more.

Of the 455 patients, 255 underwent RFA and 200 underwent TBA; both groups were followed for a median of 2.2 years. The patients' average age was 43, and their mean body mass index was 29 kg/m².

Dr. El-Nashar reported that there were no significant differences in the time to treatment failure between the two groups, with a 3-year cumulative failure rate of 9% in the RFA group, compared with 12% in the TBA group. This difference remained nonsignificant after adjustment for known predictors of treatment failure including age, parity, pretreatment dysmenorrhea, and tubal ligation.

However, women in the RFA group had significantly higher amenorrhea rates, compared with their counterparts in the TBA group (32% vs. 14%). This difference remained significant after adjustment for known predictors of amenorrhea including age, uterine length, and endometrial thickness (adjusted odds ratio, 2.9).

Complications were infrequent and comparable in the two groups.

Dr. El-Nashar said he had no conflicts of interest to disclose. ■



The RFA and TBA groups displayed no significant differences in the time to treatment failure.

DR. EL-NASHAR