Case
Forty-seven-year-old male with a history of Behçet’s disease was admitted to cardiology clinic with three months duration of exertional dyspnea. His physical examination revealed a blood pressure and heart rate of 120/70 mmHg and 81 bpm respectively with normal heart and pulmonary auscultation. Blood biochemical parameters, including troponin I and D-dimer test, were in normal ranges. Serial electrocardiography (ECG) findings were normal. The exercise ECG test which was done for typical chest pain showed 1.5 mm ST-segment depression in leads V4-V6. Coronary angiography revealed a large coronary aneurysm in left anterior descending (LAD) and diagonal artery (DA) border. In left anterior oblique (LAO) caudal view (or spider view), left coronary system resembles a spider (Figure). Two vessels of coronary artery by-pass surgery were done with LAD-Left internal mammary artery and DA-saphenous graft for severe aneurysm and vasculitic findings. There were no adverse events in long term follow-up of the patient. Written informed consent was obtained from the patient for publication.

Behçet’s disease is an autoimmune inflammatory disease and characterized by recurrent oral and urogenital ulcers (1). Genetic and environmental factors may participate in the pathogenesis of Behçet’s disease (2). Arterial manifestations are uncommon, presenting with femoral and the pulmonary arterial aneurysm, aortitis and arterial thrombosis. Coronary artery aneurysm remains a very rare pathology in Behçet’s disease, reported in approximately 0.5% of patients (3, 4). Etiology involves inflammatory endarteritis of vasa vasorum. This leads to the destruction of the tunica media and fibrosis, with resulting arterial wall weakening and aneurysm formation (4). Patients with Behçet’s disease should be followed-up in the cardiology clinic and management of cardiac risk factors are also necessary. The physicians should be aware of complications of this disease.

Key words: Behçet’s disease, coronary aneurysm, coronary surgery

References
FIG 1. Coronary angiography revealed large coronary aneurysm in LAD and DA border (arrow). In left anterior oblique (LAO) caudal view (or spider view), left coronary system resembles a spider.