Thrombotic Tendency in Patients with Behçet's Disease

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We have read the article titled "the evaluation of coagulation parameters and vessel involvement in behcet's disease. A clinical experience of behcet's disease: study of 152 cases" written by Harman *et al.,* with interest (1). The authors aimed to evaluate demographic features, clinical features, and vascular involvements of Behcet's disease (BD). They also intended to assess prospectively and compare patients with and without thrombosis and healthy volunteers in terms of their biochemical, immunological, coagulation parameters. They indicated male-dominance in terms of vascular and ocular involvement in their study. However, they did not detect a significant difference in terms of active disease markers such as biochemical parameters, C-reactive protein, erythrocyte sedimentation rate, coagulation parameters between patients with and without thrombosis.

Behçet's disease is a chronic, multi-systemic, inflammatory process with the clinical features of mucocutaneous lesions, and ocular, vascular, articular, gastrointestinal, neurologic, urogenital, pulmonary, and cardiac involvement (2). Male sex, a younger age of onset, and HLAB51 positivity are related to more severe disease and probably vessel involvements (3). So far, none of the thrombophilic factors are reported to be associated with the thrombotic tendency observed in BD. Many systemic inflammatory diseases are characterized by thrombotic tendency, including immunological diseases like antineutrophilic cytoplasmic antibody-associated vasculitides, Takayasu arteritis, psoriasis, rheumatoid arthritis, systemic lupus erythematosus, antiphosholipid syndrome, familial Mediterranean fever, thromboangiitis obliterans, inflammatory bowel diseases, malignancy, active infectious diseases (4).

Furthermore, thrombotic factors may be associated with the coronary artery disease, peripheral arterial diseases, renal and hepatic failure, hypothyroidism, chronic obstructive lung disease, metabolic syndrome and cardiovascular risk factors such as hypertension, diabetes mellitus, hyperlipidemia and smoking (5). Additionally, some medications such as angiotensin-converting enzyme inhibitors, angiotensin receptor blocker, beta blocker, acetyl salicylic acid, and statins may influence the thrombotic factors (6). Patients with BD had used any medications including azathioprine, steroid, colchicines, and infliximab as an effective drug in active vasculitis.

In conclusion, the authors of the present study did not mention some other factors affecting thrombotic tendency (1). It would have been better if these factors were included in the paper. Equally important is the fact that thrombotic factors are affected by many conditions, these conditions will act as a guide for further studies about coagulation abnormality of patients with BD?.

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