

## A Case of Lymphadenitis Mimicking Aortic Dissection in a Patient Diagnosed with Behçet's Disease

The Editor,

Sir,

We describe a case of inguinal lymphadenitis mimicking abdominal aortic dissection in a patient diagnosed with Behçet's disease.

A 59-year-old man admitted to emergency department with complaints of severe abdominal and inguinal pain. He had Behçet's disease and bilaterally main iliac arteries aneurysms (right: 30 mm, left: 31 mm) on magnetic resonance angiography. He was tachypneic, and heart rate was 123 beats/min. There was no difference of blood pressure between extremities. He had tenderness of lower abdominal and right inguinal regions. Infectious markers such as white blood cell (WBC) count, C-reactive protein (CRP) and red cell sedimentation rate were increased. Electrocardiogram, echocardiography and chest x-ray were normal. Arterial blood gas analysis showed respiratory alkalosis.

There was a right inguinal central low density and peripheral rim enhancement with relative preservation of surrounding fat planes (25 × 18 mm) on abdominal computed tomography (CT) scan, while there was no acute aortic pathology (Figure). There was a clinical improvement on the 3<sup>th</sup> day with the lymphadenitis therapy (antibiotic and non-steroid anti-inflammatory drug).

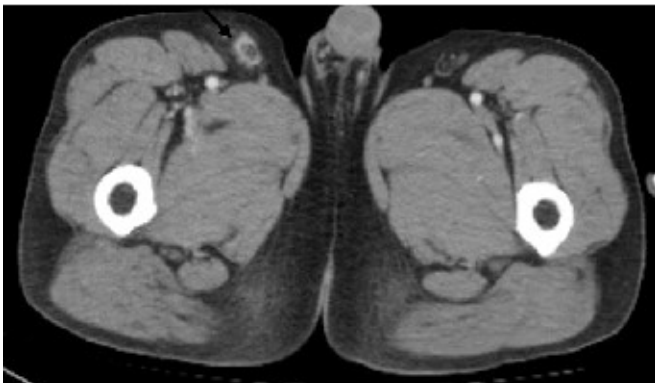


Figure: Right inguinal lymphadenitis on CT scan.

Behçet's disease is a vasculitis of unknown origin. Vascular involvement, especially aortic lesions are the most important complications (1, 2). Aortic aneurysms and aortic dissection represent a significant health risk. Aortic dissection is often fatal and is the most common acute aortic disease. Sudden severe pain is the first clinic presentation of acute aortic dissection in 80% of the cases (3).

Acute abdominal pain is an important cause of admissions to emergency services. An evidence-based guideline advises the use of CRP and WBC count to differentiate urgent from non-urgent causes in an adult with acute abdominal pain. It is recommended that additional imaging should be performed if there is clinical suspicion of an urgent condition (4).

A variety of imaging procedures can be used for the suspicion of aortic dissection but the modality of choice is CT (3). It was found that there was an inguinal lymphadenitis on abdominal CT of this patient. Possible reasons of the lymphadenopathies are primarily infectious, immunological, neoplastic and metabolic disorders. It can be seen as both localized and generalized forms. Generalized lymphadenopathy can be a part of haematological disease especially in adults. However, localized form often has an infectious aetiology (5). If swelling is large and rapidly progressive with the presence of infectious associated symptoms, the first step is to identify the possible focus of infection (6).

In conclusion, the symptoms and medical history of the patients may lead the clinician to perform extensive diagnostic tests in order to confirm the diagnosis. However, it should not be forgotten that careful history and physical examinations are the most important stages of the diagnosis. Detailed physical examination can provide the first clues to the diagnosis and can reduce the cost and labour.

**Keywords:** Abdominal pain, aortic aneurysm, aortic dissection, Behçet's disease, lymphadenitis.

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