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ELECTROCARDIOGRAPHIC CHANGES IN THE DIAGNOSIS OF BEHÇET'S DISEASE: A CHALLENGE

Clara Demeneck Pereira^{1,*}, Antoinette Oliveira Blackman¹, Beatriz Toledo Mendes¹, Bruna de Paula Gonçalves Sousa Lyra¹, Maria Clara Potiguara Azevedo Teixeira¹, Mariana Oliveira Santana¹, Mirella Bastos Sales¹

1. Centro Universitário de Brasília, Brasília (DF), Brazil.

*Corresponding author: clarademeneck@gmail.com

BACKGROUND

Behçet's disease (BD) was described in 1937 by the Turkish dermatologist Hulusi Behçet as an acute inflammatory disorder of unknown cause, characterized by recurrent oral aphthous ulcers, genital ulcers, uveitis and skin lesions. Its pathogenesis involves infectious agents, environmental and genetic factors associated with the presence of the HLA-B51 allele. Behçet's disease appears between the third and fourth decade of life and, when outside this spectrum, it is responsible for serious clinical manifestations with a high mortality rate.

Approximately 7 to 46% of patients with BD have cardiac manifestations, such as acute myocardial infarction, conduction system defects, valve diseases and pericarditis. The electrocardiographic changes observed are: complete atrioventricular block, atrial fibrillation, QT interval prolongation and malignant ventricular arrhythmias with consequent sudden death.

MATERIALS AND METHODS

Literature review was done in PubMed, SciELO, LILACS and Google Scholar databases. The descriptors used were "Behçet's disease" and "electrocardiographic". Twenty-three articles were selected in Portuguese and English from 1985 to 2019.

RESULTS

The electrocardiographic evaluation is an important screening test for cardiovascular changes, which helps the diagnosis and early management, changing the prognosis of the patient with BD. The most common variations are: atrial fibrillation, complete atrioventricular block, left atrial enlargement, ventricular arrhythmias and disorders in conduction. The enlargement of the QRS as well as the prolongation of the QT interval have been associated with an increase in cardiovascular events, sudden death and mortality. Behçet's disease is an inflammatory disorder that results in the generation of an immune-mediated vasculitis that involves coronary microcirculation with consequent myocardial fibrosis. The cardiac healing process causes heterogeneity of ventricular repolarization, provoking arrhythmias.

CONCLUSION

The main reported electrocardiographic findings were P-wave prolongation, QT and QRS enlargement. This knowledge corroborates for a better electrophysiological investigation, reducing the risks of fatal cardiovascular events. The incidence and nature of cardiac involvement in Behçet's disease are not well documented. More detailed studies are needed.

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