JSBD
Japanese Society for Behçet's Disease

A COVID-19 infected Japanese Behçet's disease case

Yohei Kirino

Yokohama City University Graduate School of Medicine

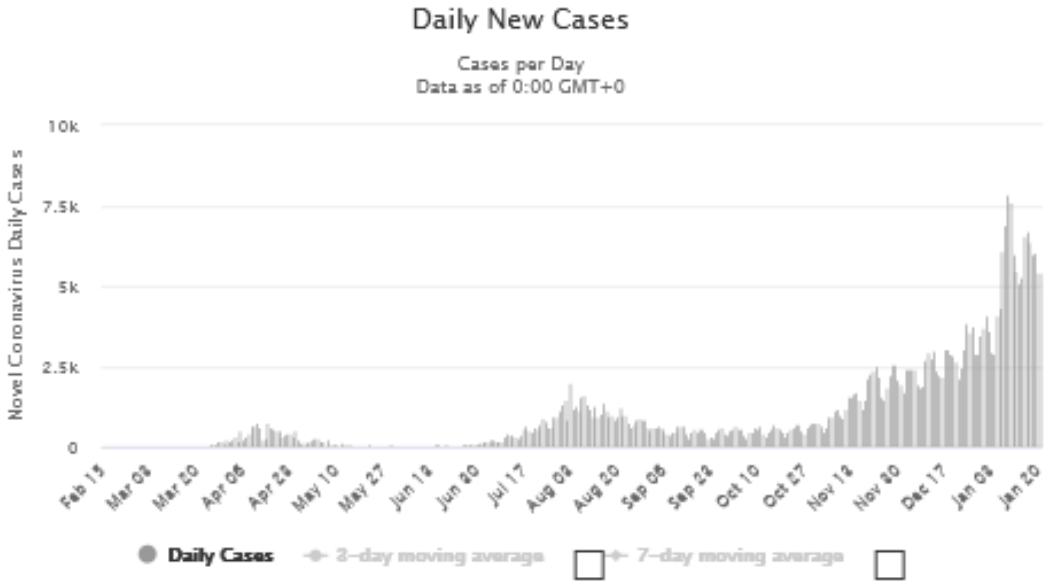
Mitsuhiro Takeno

Nippon Medical University Musashi Kosugi Hospital

January 22nd 2021.

COI: Amgen

Covid-19 cases in Japan



Coronavirus Cases:

345,221

Deaths:

4,743

Motility rate per 1M=38

https://www.worldometers.info/coronavirus/country/japan/

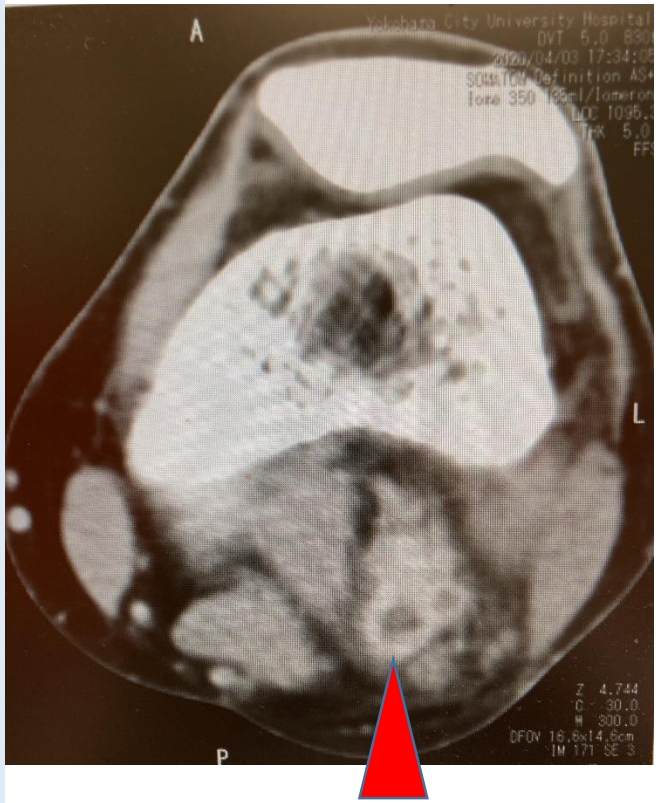
- Japan Collage of Rheumatology has initiated covid-19 registry.
- Japan Ministry of Health Behçet's disease study group has also initiated BD covid-19 registry.
- Covid-19 vaccines (Pfizer) are expected to be available in late February.

32 y.o. Japanese male

- In July 2017, diagnosed with BD based on recurrent oral ulcers, genital ulcers, erythema nodosum, arthritis, pulmonary thrombosis and thrombophlebitis of left popliteal vein.

  HLA-A26, 31, HLA-B35, 61

- Remission induction was successful with PSL75mg, azathioprine 100mg, colchicine 1mg, and apixaban 30mg, followed by persistent low disease activity of BDCAF1.



Left popliteal vein

Clinical course

- Dec 7th 2020 Noticed high grade fever and malaise.
- Dec 8th Visited our hospital.
- No desaturation.
- CT scan showed no pneumonia, but nasal smear was positive for SARS-cov2 antigen.

- Laboratory data:

D-dimer <0.50μg/ml

CRP 1.10 mg/dl,

WBC 3800/μl, Hb 16.0 g/dl, plt 14.1x10^4/μl

Clinical course after admission

- Transferred to a nearby hospital. Ciclesonide inhalation was initiated. Switched from apixaban to warfarin due to high risk of thromboembolism, but no antiviral therapy was given.
- Discontinued azathioprine and colchicine, both of which re-started after discharge on Dec 22.
- Had no worsening of BD-related symptoms, including thrombotic events.