Open Minds

Internacional Journal

ISSN 2675-5157 vol. 2, n. 1, 2026

ARTICLE 1

Acceptance date: 14/01/2026

NEURO-BEHÇET SYNDROME – CASE REPORT

Ildiane Aparecida Gonçalves

Alder Vieira Santana Bernardeli

Julierme Henrique Braz

Lanna Silva Amorim

Silvio Pereira Ramos Júnior

Introduction

Behçet's disease (BD) is a rare chronic systemic vasculitis of multifactorial etiology. Neuro-Behçet's syndrome (NBS) is a rare manifestation of BD. The aim of this report is to increase knowledge about the syndrome and improve clinical outcomes with early treatment.

Case Description

Patient C.L.S.C., 23 years old, female, from Jequitinhonha-MG. The past history shows untreated Generalized Anxiety Disorder (GAD). The history of the current illness reveals a nonspecific prodrome characterized by fever, diffuse myalgia, asthenia, vomiting, and dysuria, which began on June 13, 2025. After recurrent visits to the emergency room, bladder retention and hypogastric pain began 14 days after the onset of symptoms. The review of systems reported visual hallucinations, auditory hallucinations, and objective vertigo. Physical examination revealed paraparesis of the lower limbs (grade 4 strength), tactile hypoesthesia, and hyperreflexia. Thus, she was admitted to Santa Casa de Caridade de Diamantina – MG due to her neurological condition. The day after admission, a lumbar puncture was performed, which showed high opening pressure (32 cmH2O) and inconclusive laboratory analysis. The laboratory results were incompatible, and the patient's clinical presentation was nonspecific. It was decided to perform magnetic resonance imaging (MRI) of the thoracic and lumbar spine, with normal results. Based on this, an MRI of the brain was performed, revealing signal abnormalities (hypersignal) in multiple foci, including the pons, middle cerebellar peduncles, mesencephalic tegmentum, thalami, internal capsules, and cerebral peduncles, characterizing the "*cascade sign*." Pulse therapy with 1 g of intravenous methylprednisolone was prescribed for five days. The patient showed significant improvement in the deficits present at admission. She was discharged from the hospital with referrals to outpatient neurological, rheumatological, and physical therapy rehabilitation.

Discussion

The diagnosis of Neuro-Behçet syndrome is clinical and characterized by acute or subacute neurological symptoms, reinforced by imaging tests such as brain MRI. Other diseases with similar clinical features, such as multiple sclerosis, optic neuromyelitis, and other vasculitides affecting the nervous system, should be excluded. The clinical presentation depends on the location of the inflammatory lesions and may include headache, sensory-motor symptoms, pseudobulbar dysarthria, epileptic seizures, cerebellar ataxia, and cognitive-behavioral changes. The changes are typical of an inflammatory process on brain MRI, with hypersignal observed on T2-weighted and FLAIR sequences without contrast enhancement. According to the 2018 EULAR consensus, management can be done with glucocorticoids alone or in combination with azathioprine.

Conclusion

Neuro-Behçet's syndrome is a rare and treatable condition. Diagnosis is essential for the prevention of irreversible sequelae and should be included in the differential diagnosis, even in areas of low incidence, such as the interior of Minas Gerais.

REFERENCES

AL-OMOUSH, O. et al. Clinical and imaging features of parenchymal and non-parenchymal neuro-Behçet's disease: a systematic review of case reports and series. **BMC Neurology**, v. 25, n. 1, 26 maio 2025.

BORHANI-HAGHIGHI, A. et al. Neuro-Behcet's disease: An update on diagnosis, differential diagnoses, and treatment. **Multiple Sclerosis and Related Disorders**, v. 39, p. 101906, abr. 2020.

SILVA, L.; CORREIA, J.; SANTOS, E. Diagnóstico e Tratamento do Neuro-Behçet: Uma Actualização Clínica. **Acta Médica Portuguesa**, v. 36, n. 9, p. 588–594, 21 jun. 2023.

ZHAN, H.; CHENG, L.; LI, Y. Neuro-Behçet's disease: an update of clinical diagnosis, biomarkers and immunopathogenesis. **Clinical & Experimental Immunology,** 7 jan. 2025.