Neuro-Behcet’s Disease Presenting with Slow-progressing Altered Mental Status Following to Hiccups and Depression

Kenta Okada\textsuperscript{a}, Hiromasa Sakurai\textsuperscript{a}, Miki Tsuji\textsuperscript{a}, Taisuke Kodama\textsuperscript{a}, Yusuke Chino\textsuperscript{a}, Ayako Shioya\textsuperscript{a}

\textsuperscript{a} Mito Kyodo Hospital

Introduction:
Neuro-Behcet’s disease is a rare disease that occurs in less than 10 percent of Behcet’s disease. There are cases which the initial symptoms are non-specific. In this case, hiccups and depression preceded and we diagnosed as neuro-Behcet’s disease from head MRI findings and clinical course.

Case description:
A 57-year-old man regularly has visited our hospital for Behcet’s disease with erythema nodosum, aphthous stomatitis, uveitis, and transient joint inflammation for two years. These symptoms had subsided by only eye drops without medicine orally. He was diagnosed as depression and cryptogenic hiccups at another hospital 6 months ago and baclofen and sulpiride were prescribed. He has tottered for two weeks and has had dysphagia, loss of appetite and drowsiness for four days. So, he was hospitalized. Level of consciousness was GCS E3V5M6. The temperature was 36.7 degrees. There were normal light reflex and left concomitant deviation, but head CT didn’t show abnormal findings. The cerebrospinal fluid didn’t show increased cell counts. On admission, we observed the patient’s condition without treatment because we can’t take an MRI scan due to continuing hiccups. After 3 days passed, consciousness gradually got worse and hiccups spontaneously stopped. It allowed for taking the MRI scan. Head MRI showed hypointense on T1-weighted images, hyperintense on T2-weighted, FLAIR, and diffusion-weighted images at Thalamus, midbrain, and pons. Elevation of IL-6 in CSF was observed. For these findings and clinical course, we diagnosed as neuro-Behcet’s disease.

Discussion:
Image findings on head MRI are characteristic and Elevation of IL-6 in cerebrospinal fluid is helpful in the diagnosis. Chronic symptoms such as depression and hiccups were accompanied by acute symptoms such as drowsiness and gait disorder. It was difficult to diagnose whether it was acute type or chronic type. We continue steroid therapy because steroid responsiveness to symptoms is good.