# Abstract

**Background:**

Behçet's disease is a rare multisystemic vasculitis characterized by diverse clinical manifestations, including mucocutaneous, ocular, and vascular involvement. Laryngeal involvement leading to vocal cord paralysis is an uncommon and potentially life-threatening complication of this condition. We present a case of a young female initially misdiagnosed with laryngeal tuberculosis due to atypical presentation.

**Case History:**

An 18-year-old female presented with painful oral and genital ulcers, elevated erythrocyte sedimentation rate (ESR), and lymphocytic vasculitis on skin biopsy, consistent with Behçet's disease. Five years later, she returned with throat pain, dysphagia, and breathing difficulties. Flexible laryngoscopy revealed piriform fossa growth and bilateral vocal cord palsy. Anti-tuberculosis treatment (ATT) was initiated based on the high ESR and radiological findings. However, the patient's condition worsened, requiring a tracheostomy. Further evaluation, including upper and lower gastrointestinal endoscopies, ruled out tuberculosis involvement in the gastrointestinal tract. The patient responded to colchicine and azathioprine, supporting the diagnosis of Behçet's disease.

**Conclusion:**

This case underscores the diagnostic challenges associated with Behçet's disease, particularly when presenting with laryngeal involvement mimicking tuberculosis. Timely recognition and appropriate treatment are vital to prevent life-threatening complications such as airway obstruction. Clinicians should maintain a high index of suspicion for Behçet's disease in patients with atypical laryngeal and gastrointestinal symptoms, even in the absence of typical mucocutaneous or ocular manifestations. A multidisciplinary approach, including consultation withrheumatologists, is crucial for optimizing patient outcomes.