

## Abstract

### Background

Behcet syndrome is a chronic multisystem relapsing vasculitis of unknown origin commonly seen in east Asian and Mediterranean regions with equal sex distribution. Recurrent oral and genital mucocutaneous ulcers are the hallmarks of disease yet it is associated with a multitude of skin, ocular, neurological, vascular, and gastrointestinal manifestations which may be the initial presentation of the disease. Venous complications occur due to vascular endothelial inflammation and include superficial thrombophlebitis, deep vein thrombosis (DVT) and vena caval thrombosis and treatment is aimed at controlling underlying inflammation with immunosuppressive therapy.

### Case presentation

We present a case of a 36-year-old man who presented with the first episode of unprovoked DVT. He had no traditional predisposing factors for thrombosis yet was found to have a history of recurrent oral ulcers, acneiform skin eruptions and posterior uveitis leading to a diagnosis of Behcet syndrome. He was treated with a combination of oral glucocorticoids and immunosuppressive therapy and a short course of anticoagulation.

## Conclusion

Behcet syndrome is an uncommon cause for unprovoked deep vein thrombosis of the lower limb and is due to inflammation of the vascular endothelium. It is a rare cause of both arterial and venous thrombosis. Vascular involvement with underlying vena caval thrombosis or bleeding arteriovenous aneurysms may be life threatening. Treatment is with immunosuppressive therapy with the place for anticoagulation being controversial yet is still used for a limited duration of time.