

# Comment on “Behçet disease: a rare systemic vasculitis in Poland”

**To the Editor** I read with great interest the paper by Kanecki et al<sup>1</sup> on the epidemiology of Behçet disease in Poland. I wish to congratulate the authors for undertaking a pioneering work. The results of their study, despite some limitations, are in general concordant with 2 papers, published in 2004<sup>2</sup> and 2005,<sup>3</sup> summarizing Polish case reports. In those days, we were able to identify 20 case reports of Behçet disease in Poland (published in 1968–2005) despite diagnostic challenges due to imperfect diagnostic criteria.<sup>4</sup> I agree with Kanecki et al<sup>1</sup> that the prevalence of Behçet disease in Poland is rather low. Nonetheless, it is also possible that some cases of the disease remain underdiagnosed. Additionally, I wish to point out that the disease named after the Turkish dermatologist Hulusi Behçet<sup>5</sup> (1889–1948) occurs predominantly within the regions of the so-called Silk Road, and genetic factors are suggested to be responsible for such a distribution of the disorder. In the summary of the case reports, the mean age of patients was similar to that reported by Kanecki et al<sup>1</sup> (37.0 and 41.7 years, respectively). There was a high predominance of male patients among the described case reports (male-to-female ratio, 16:4), while Kanecki et al<sup>1</sup> observed almost an equal distribution of the disease in both sexes. Although the case reports focused on less common forms of the disease observed in men, the various phenotypes they presented are largely consistent with the current epidemiological data. This may suggest that the incidence of Behçet disease remains stable in Poland.

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**Authors' reply** I read with great interest the comments of Professor Eugeniusz J. Kucharz on our recent study on the epidemiology of Behçet disease in Poland.<sup>1</sup>

The aim of our study was to estimate the epidemiology of Behçet disease in Poland. Professor Kucharz pointed out that our results may be underestimated. We do not exclude such a possibility. One of the most important issues in epidemiological studies on Behçet disease is an estimation based on the most relevant available sources, and this was our intention in designing the study. The material for the study was collected from the National Institute of Public Health in Poland, and epidemiological data were obligatorily sent to the institute from all hospitals, except psychiatric and military ones. Nonetheless, we cannot exclude that some cases of the disease are overlooked. It is possible that a long-term follow-up would reduce this risk.

Some differences in the epidemiology of Behçet disease in Poland were emphasized by Professor Kucharz in his letter and the studies he cited.<sup>2,3</sup> It should be underlined that age- and sex-related differences in the disease distribution may occur as a result of environmental, geographical, and genetic factors. Undoubtedly, these differences may be observed in a long-term follow-up, and further observations may expand and update our knowledge on the epidemiology of Behçet disease in Poland. Professor Kucharz highlighted that the previously published data provided similar results to the current epidemiological data. We fully agree

with the comment of Professor Kucharz that this observation may suggest that the incidence of Behçet disease remains stable in Poland.

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