

VIII- SUMMARY

The Role of the Adiponectin Levels In the Etiopathogenesis of Behçet's Disease

Aim-hypothesis: The aim of this study was to investigate the status of insulin resistance, a marker of cardiovascular disease, serum adiponectin levels and the possible role of adiponectin in the etiopathogenesis of Behçet's disease.

Method: Study population consisted of 40 Behçet's disease patients and a control group composed of age, sex, body mass index matched 46 healthy individuals. All patients were examined for signs of Behçet' disease and pathergy test positivity. Body mass index were calculated. Insulin resistance was evaluated by Homeostasis model assessment- Insulin resistance method. Serum ESR, hsCRP, lipid profile, adiponectin, IL-6, IL-8 and TNF- α levels were measured.

Results: All Behçet's disease patients had/described oral aphtosis. Percentage of other clinical findings were as follows: Genital ulcers 97%, erythema nodosum 45%, acneiform eruption 75%, trombophlebitis 10%, ocular involvement 20% and a positive pathergy test 60%. Serum ESR, hsCRP and IL-6 levels were significantly higher in the patients' group versus the control group ($p=0,001$, $p=0,001$, $p=0,001$ respectively). Fasting blood glucose, insulin levels and lipid profiles were not different between the two groups. Insulin resistance and decreased serum adiponectin levels were not detected in the patients. There was no relationship between insulin resistance, adiponectin levels and inflammatory markers. Active and inactive patients did not differ in any respect.

Conclusion: A systemic vasculitis, Behçet's disease may cause cardiovascular involvement. In this study, dyslipidemia, insulin resistance and low adiponectin levels were not detected among our patients with Behçet's disease. We conclude that adiponectin has no role in the the pathogenesis of Behçet's disease and that there exists no increased atherosclerotic cardiovascular disease risk in Behçet's disease.

Key words: Behçet's disease, adiponectin, insulin resistance, cytokine.

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