

Epidemiology of Inflammatory Bowel Diseases, Where are the Iranian Cases ?

Fatemeh Malekzadeh¹, Homayoon Vahedi^{1,*}

¹Digestive Disease Research Center, Shariati Hospital, Tehran University of Medical Sciences, Tehran, IR Iran

*Corresponding author: Homayoon Vahedi, Digestive Disease Research Center, Shariati Hospital, Tehran University of Medical Sciences, Tehran, IR Iran, Tel.: +98-9121094160, Fax: +98-2182415400, E-mail: vahedi@ams.ac.ir

Received: May 02, 2013; Revised: Jun 01, 2013; Accepted: Jun 17, 2013

Keywords: Ulcerative colitis; Cohn's disease; inflammatory bowel disease; Iran

Dear Editor,

We have read with interest the paper "Epidemiology of Inflammatory Bowel Diseases (IBD) in Iran"(1) by Dr. Taghavi' AR et.al and would like to make few comments on this study. According to the first published literature from Fars (Shiraz) 44 years ago the authors claimed that there is no IBD in Iran (2). The first two reports of IBD in Iran which were designed to look for all cases of IBD [both ulcerative colitis (UC) and Crohn's disease (CD)] came 28 years ago from Tehran and 27 years ago from Shiraz. In both surveys the authors could only find UC and they both confirmed that they couldn't find even a single case of CD (3, 4). The first CD case was reported 13 years ago and now CD incidence is increasing and became close to the incidence of UC (5, 6). This epidemiologic pattern is similar to what happened in western countries during the first two decades after the emergence of IBD in Western hemisphere that is UC appeared first, followed by CD 15-20 years later and today CD is almost as common as UC. The most important causes of increasing IBD prevalence are life style changes, better hygiene, vaccination and cold chain theory rather than availability of diagnostic tools (7).

The clinical presentation of CD in Iran appears in consistent with the classic presentation of the disease in western countries (3-5). The age-specific incidence curve is in agreement with many other epidemiological data (5). The percentages of extra intestinal complications are quite similar to western reports (8, 9). We have also shown that current smoking was a significant protective factor in UC, while prolong use of OCP, appendectomy and tonsillectomy were risk factors for CD (10). These observations suggest that CD clinical features in Iran are similar to those previously reported in other countries. The burden of IBD in Iran and all other low and middle income countries are great given a lifelong disease with expensive therapy which become available to treat these patients (11).

Acknowledgements

There is no acknowledgement.

Authors' Contribution

Fatemeh Malekzadeh prepared the first draft and Homayoon Vahedi edited and confirmed the final version.

Financial Disclosure

The authors declare that there is no conflict of interest.

References

1. Taghavi SA, Safarpour AR, Hoseini SV, Safarpour M, Noruzi H. Epidemiology of Inflammatory Bowel Diseases (IBD) in Iran: A review of 740 patients in Fars province, Southern Iran. *Ann Colorectal Res.* 2013;1(1):17-22.
2. Ghavami A, Saidi F. Pattern of colonic disease in Iran. *Dis Colon Rectum.* 1969;12:462-6.
3. Mirmajlesi SH, Forouzandeh B, Ghadimi RU. Icerative Colitis in Iran : A review of 112 Cases. *Am J Gastroenterol.* 1985;80(862-6).
4. Malekzadeh R. Ulcerative colitis in southern Iran:A review of 64 cases. *Iranian J Medicine.* 1986;13:54-9.
5. Malekzadeh R, Mirmadjlesi H, Varshoesaz J, Agah S, Tavakoli H. Rising the incidence of Crohn's disease in Iran during last decade(1989-1999). *Gastroenterology.* 2000;118(4).
6. Malekzadeh R, Varshosaz SH, Merat S, Hadidchi S, Mirmajlesi SH. Crohn's disease: a review of 140 cases from Iran. *Iranian J Medicine.* 2000;25:138-143.
7. Malekzadeh F, Alberti C, Nouraei M, Vahedi H, Zaccaria I, Meinzer U, et al. Crohn's disease and early exposure to domestic refrigeration. *PLoS One.* 2009;4(1).
8. Moravvej H, Razavi GM, Farshchian M, Malekzadeh R. Cutaneous manifestations in 404 Iranian patients with inflammatory bowel disease: a retrospective study. *Indian J Dermatol Venereol Leprol.* 2008;74(6):607-10.
9. Vahedi H, Momtahn S, Olfati G, Abtahi A, Hosseini S, Kazzazi AS, et al. A case-control study on risk factors of osteoporosisin patients with Crohn's disease. *Arch Iran Med.* 2009;12(6):570-5.
10. Vahedi H, Chaharmahali M, Momtahn Sh, Kolahdoozan Sh, Khademi H, Olfati G. A Case-Control study on the risk factors of IBD in 258 Iranian patients. *Govaresh.* 2011;16:61-7.
11. Sohrabpour AA, Malekzadeh R, Keshavarzian A. Current therapeutic approaches in inflammatory bowel disease. *Curr Pharm Des.* 2010;16(33):3668-83.