

Inflammatory bowel disease in Western Saudi Arabia

To the Editor

I read with interest the article by Khawaja and Sawan¹ on inflammatory bowel disease in Western Saudi Arabia. Considering data in Tables 2 and 3 of the study, those under the age of 14 years with inflammatory bowel disease (IBD) constituted 14.6% (20/137) of total patients and had a prevalence of 14,600 cases/100 000 population. The pathogenesis of IBD involves a complex interaction of host responses, some immunologic and genetically determined, and external influences including microbial and dietary factors.² Recently, various studies have stressed the role of dietary factors in the etiology of IBD. Dietary intake of N-6 polyunsaturated fatty acids (PUFAs) comprises a major, modifiable, environmental factor known to promote a heightened inflammatory response through a number of pathways, including their role as precursors for synthesis of eicosanoids and their inhibitory effect on the synthesis of the N-3 PUFAs eicosapentaenoic acid and docosahexanoic acid. Hence, it is an important environmental modifier that contributes to IBD.³ Healthy life styles and food consumption habits of the Saudi population, particularly children, have changed over the last years.⁴ This might contribute to the remarkable increase in the prevalence of IBD from 5 cases/100,000 population (1993-2002)⁵ to 14,600 cases/100 000 population (2002-2007).¹ In addition, the roles of advances in diagnostic tools of IBD and increasing awareness of pediatricians regarding the disease must not be overlooked. The increment

in the prevalence of IBD in Saudi children coincides with a similar trend reported worldwide. Therefore, effective efforts must be directed towards containing the foreseeable growing problem of IBD in children with the objectives of satisfactorily maintaining their growth potential and minimizing the long-term complications of IBD.

Mahmood D. Al-Mendalawi
Department of Pediatrics
Al-Kindy College of Medicine
Baghdad University
Baghdad, Iraq

Reply from the Author

No reply was received from the Author.

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