

CORRESPONDENCE

Diagnostic role of upper gastrointestinal endoscopy in patients with inflammatory bowel disease

Dear Editor:

We have read with interest the article by Dr. Aduful et al¹ who retrospectively reviewed the endoscopic work of their unit. The authors report a list of indications for upper gastrointestinal (GI) endoscopy, but they fail to mention anything about the role of upper GI endoscopy in the diagnosis of suspected inflammatory bowel disease. Although there are no official figures concerning the prevalence of Crohn's disease and ulcerative colitis in Ghana, the extrapolated statistics of the US Census Bureau suggest a prevalence of over 38,000 cases of Crohn's disease in Ghana².

The definite role of upper GI endoscopy in the initial diagnostic evaluation of suspected inflammatory bowel disease has also now been advocated [inflammatory bowel disease working group of European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) 2005]. The macroscopic and histological appearances of the upper gastrointestinal tract (for example, the presence of aphthoid ulcers or giant cell granulomas) may confirm the diagnosis of Crohn's disease in as many as 20-25% of cases that would otherwise have been missed^{3,4}. Therefore, it would be interesting to know if the authors consider upper GI endoscopy as part of the initial work-up in all patients with suspected inflammatory bowel disease, particularly those with abdominal pain and endoscopic findings suggesting proximal Crohn's disease [aphthoid erosions, peptic ulcer-like lesions (atypical or linear ulcers), thickening of folds, nodules, erythema and stenosis]^{5,6}.

REFERENCE

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2. US Census Bureau, International Data Base. Statistics by country for Crohn's disease, 2004. Retrieved from:

http://cureresearch.com/c/crohns_disease/stats-country.htm

3. Castellaneta SP, Afzal NA, Greenberg M, Deere H, Davies S, Murch SH, Walker-Smith JA, Thomson M, Srivistrava A. Diagnostic role of upper gastrointestinal endoscopy in pediatric inflammatory bowel disease. *J Pediatr Gastroenterol Nutr* 2004; 39: 257-261
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Authors' reply

We take note of the authors' comments on our article on upper gastrointestinal endoscopy in Accra and take their concerns in good faith. As stated in the article this was a retrospective study which looked at the indications for requesting endoscopy at our centre which unfortunately did not include investigations for inflammatory bowel disease.

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It is still true that inflammatory bowel diseases are uncommon in Ghana and the figures quoted for Crohns' disease at 38,000 may be an over estimation. The cases of inflammatory bowel diseases seen and reported are ulcerative colitis and they are quite few. Nkrumah had reported four cases¹ and personal communications and enquiries at our pathology department do not seem to support such large numbers of Crohn's disease in our environment.

All the same we accept the assertion that upper gastrointestinal endoscopy must form a part of the investigations of inflammatory bowel diseases. Thank you.

H.K. Aduful

On behalf of the authors

1. Nkrumah K.N. Inflammatory bowel disease at the Korle-Bu Teaching Hospital. *Ghana Med J* 2000; 34 (1): 32-35.

CORRECTION

Obesity – A preventable disease *by F. Ofei*

Ghana Med J

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In the first paragraph of page 99 of the above article the values for abdominal girth for men

and women should have read 102 and 88cm (instead of the published 108 and 98 cm) respectively.