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Correspondence

Inflammatory bowel disease epidemiology data from a prospective registry in Córdoba, Argentina: Raising the bar for future studies in Latin America

To the editor,

It was with great interest that we read the manuscript entitled "High Ulcerative colitis and Crohn's disease ratio in a population-based registry from Cordoba, Argentina", from Balderramo et al., recently published in Digestive and Liver Disease. [1] The authors described a complete epidemiological profile of inflammatory bowel disease (IBD) patients, prospectively enrolled in a registry from the province of Córdoba, Argentina, from 2014 to 2019. A total of 655 patients [561 with ulcerative colitis (UC) and 88 with Crohn's disease (CD)] were included, with a slight predominance of females (53.4%). The UC:CD ratio was 6.38. Over the whole cohort, biological therapy was used in 36.4% of CD patients and 9.1% of UC patients.

There is a scarce data derived from population-based studies in IBD from Latin American countries. Population-based data from Argentina were only previously described as an abstract form which was derived from a private center from Buenos Aires (2009). [2] Thus, the present study represents the best epidemiological data from Argentina to date and deserves special attention from the global IBD community. In Brazil, the largest country of the continent, only 4 population-based studies emphasizing incidence and prevalence data were identified, 3 from the southeast and 1 from the northeastern region, according to a review from our group. [3]

In the study from Cordoba, age-adjusted incidence rates from IBD, UC and CD were 3.67, 2.99 and 0.68 per 100,000 person-years, respectively. [1] In Brazil, incidence of IBD (1.53–13.30/100,000), of UC (2.4–7.16/100,000) and of CD (3.40–6.14/100,000) varied in similar ratios. [3] Higher incidence rates in Brazil derived from the state of São Paulo, the more developed area of the country, with predominance of urban population and westernized lifestyle. Additionally, crude prevalence in the Argentinian study of IBD was 68.8/100,000 habitants, whereas of UC was 58.9/100,000 and of CD 9.23/100,000. [1] In our Brazilian review, overall prevalence of IBD (12.8–52.6/100,000), of UC (14.81–28.3) and of CD (5.65–24.3) seems lower than in Cordoba. [3] Possible reasons for this difference may be based in underestimation of Brazilian numbers, as most studies did not fully cover a defined catchment area and did not include private patients. Epidemiological results from Argentina and Brazil challenge data from previous global reviews, which consider incidence and prevalence of IBD in Latin America as low. [4] Rates from Argentina and Brazil demonstrate that IBD cases in our continent constitute and important problem in gastroenterology healthcare, as cumulative prevalence rates seem to be increasing in most countries in Latin America.

Another important aspect from the study is the UC:CD ratio of 6.38. A systematic review from our group demonstrated that UC:CD ratios were different in Brazil as compared to other Latin American countries. [5] The overall UC:CD ratio in Brazil was 1.081, ranging from 0.481 to 1.936. UC was also more common than CD in Argentina (4.308), Cuba (4.867), Chile (2.914), Colombia (5.837), Mexico (4.798), Peru (3.375), Uruguay (4.160), and Venezuela (4.668), according to our data. It is important to emphasize that our systematic review included published data from Brazilian referral centers, what could possibly not represent the full reality of the country. The possible reasons for the highest number of CD patients in Brazil as compared to other countries as Argentina still need to be determined.

One final point that deserves attention in the study from Cordoba is the biologic penetration in treatment algorithms in both diseases (36.4% of CD and 9.1% of UC patients). [1] Another recent publication from our group described that these Argentinian rates are also in tune with most countries in Latin America. [6] Use of biologics in CD varied from 1.51% in Mexico to 46.9% in Colombia, with most studies describing anti-TNF penetration in 20–40% of patients. In UC, use of anti-TNF agents varied from 0% in 2009 to 16.2% in 2018, as described in two different Mexican studies. It is also important to emphasize that the study from Cordoba is probably one of the first which include anti-integrin agents, despite these numbers are not detailed. It is also noteworthy that despite the higher proportion of UC patients, biologic penetration is lower in UC than in CD, a reflexive point which mirros not only differences in the natural history of both diseases, but mostly possible difficulties in accessing monoclonal antibodies in UC in public and private systems in Argentina.

Epidemiology of IBD has 4 stages: emergence, acceleration in incidence, compounding prevalence and prevalence equilibrium. [7] Newly industrialized countries (as most in Latin America) are currently between the second and third stages. Acceleration in incidence was described in most countries in the continent. [5] This study from Cordoba, in adjunction with more recent data from other countries, demonstrate that compounding prevalence is currently ongoing in most parts of Latin America. The current growing prevalence rates, added to low mortality, will result in a significant accumulation of IBD cases throughout the continent in the next decades. This will impact public and private healthcare systems in different countries, as IBD management and care can be challenging and expensive. We congratulate the authors for describing this solid prospective registry of IBD in Argentina, and we hope this study can motivate creation and publication of similar studies and registries in other countries of Latin America.

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