

JOSEPH B. KIRSNER

ROY G. SHORTER

# Inflammatory Bowel Disease

SECOND EDITION

# Inflammatory Bowel Disease

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# INFLAMMATORY BOWEL DISEASE

# Preface

The larger size of this second edition reflects not only the addition of material on Crohn's disease of the upper gastrointestinal tract but also the expanding knowledge and the broadening scope of the "nonspecific" inflammatory bowel diseases. Much has been learned in recent years, information that is vital to clinicians and to investigators. In 200 B.C. the Roman General Lucius Paulus stated, "Commanders should be counseled chiefly by persons of known talents, by those who made the art of war their particular study, and whose knowledge is derived from experience, by those who are present at the scene of action, who see the enemy, who see the advantages that occasions offer, and who, like people embarked in the same ship, are sharers of the danger." The contributors to this edition have been in the vanguard of those involved in developing this newer knowl-

edge. We take especial satisfaction in this association.

We hope that the book will continue to be helpful to physicians and surgeons everywhere and also that it will serve as an informative and stimulating resource for investigators as they seek to unravel the "puzzles within puzzles" of inflammatory bowel disease. We sense a new attitude about IBD today, an increasing expectation that more fundamental knowledge of the nature and causation of these disorders is within reach. As more investigators are attracted to these problems and more ingenious and enlightening research is carried out, we have reason to hope that, in the not too distant future, knowledge of inflammatory bowel disease may reach the level needed to facilitate the cure. To this long-awaited achievement, this book is respectfully dedicated.

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# INFLAMMATORY BOWEL DISEASE





SECTION 1

*Epidemiology*



ONE

# *The Epidemiology of Idiopathic Inflammatory Bowel Disease*

Although there is little doubt that the forms of idiopathic inflammatory bowel disease considered in this book must have existed for centuries, the epidemiologist must look at their occurrence in various populations as if they are newly discovered entities. It is certain that the ability to recognize them as distinct inflammations of the intestine and colon was hampered formerly by inadequate instrumentation, by lack of pathologic specimens at various stages of their progression, and, most of all, by the overwhelming preponderance of bacterial infections and parasitic infestations which made the lot of earlier man miserable and caused the deaths of many infants, children, and debilitated and elderly persons through the losses of fluids and electrolytes accompanying the diarrheal phases of those disorders. In most parts of the world today where diarrheal diseases are still prevalent, there is a dearth of information about the chronic inflammations of the gut as to their frequency and the details of their course. It is the purpose of this chapter to ask questions about the distribution of these disorders in human populations throughout the world in a way to clarify the possible avenues of investigation which might cast light on their causes and management.

## **Serious Problems in Epidemiologic Approaches to Inflammatory Bowel Disease**

### *The Problem of Diagnosis*

The ability to differentiate ulcerative colitis and Crohn's disease from each other, and from other so-called etiologically specific inflammations of the gut, is not currently uniformly distributed among the health care personnel of the world. Since the proper diagnosis constitutes a prerequisite for the classifying of patients, this failure of agreement on diagnostic criteria is a serious obstacle for those who study the disease as it occurs in various parts of the world. Our experience with amebiasis, shigellosis, and lymphopathia venereum clearly indicates that each of these conditions can on occasion produce inflammatory reactions which may persist for some time after the initial inciting pathogen can no longer be isolated. At some point in this sequence of events it is possible to confuse the clinical, radiologic, proctoscopic, and perhaps even the biopsy appearance of the bowel with the types of