Inflammatory Bowel Disease (IBD) Unit: An Egyptian Experience

Kamal A El-Atrebi1,2 and Hala T El-Bassyouni2

1 Internal Medicine and Gastroenterology Department, National Hepatology and Tropical Medicine Research Institute, Cairo, Egypt
2 Clinical Genetics Department, National Research Centre, Cairo, Egypt

*Corresponding Author: Kamal El-Atrebi, Head of the IBD Unit, Internal Medicine and Gastroenterology Department, National Hepatology and Tropical Medicine Research Institute, Cairo, Egypt.

Received: December 08, 2017; Published: January 03, 2018

Egypt as one of the developing countries has no disease registry except for some common infectious diseases such as HCV. Inflammatory bowel disease (IBD); as one of the autoimmune background diseases is considered rare in Egypt, consequently has not been officially registered. Recently, the awareness to the IBD diagnosis and management in Egypt and the Middle East is increasing.

The IBD clinic started in 2009 at the Hepatology Institute in Cairo. When a female with severe diarrhea, postural hypotension and electrolyte imbalance was diagnosed as Addison’s disease. She was treated with steroid replacement therapy, but with no improvement of her diarrhea. Consequently, colonoscopy and biopsy for pathological assessment was done as part of the routine work for chronic diarrhea, the findings came up with the diagnosis of Ulcerative Colitis. The department committee took a forward step to start an IBD clinic for which I was the founder. The plan was to recruit junior staff and specialists for the clinic and increase the awareness of physicians and patients about the disease problems and management. Moreover, establishing a multidisciplinary team (gastroenterologist, pathologist, surgeons, and radiologist, etc).

We started teaching lectures for almost a year while conducting the clinic and at the same time supplying the conventional therapy to patients. Day by day the number of patients was increasing that mandates a management plan for the clinic.

This algorithm was tailored from the International Societies of Gastroenterology guidelines and ECCO consensus. Some complicated cases urge our needs for biological treatment which hardly had been brought only as a donation. Years later, the government have supported these expensive medications. In addition, in 2017 our preliminary statistics showed that we are following hundreds of patients (Ulcerative colitis 64%, Crohn’s disease 29.7% and indeterminate colitis 6.3%). Around 57% were of moderate to severe activity and about 30% need biological treatment. Hence, these patients are having extreme morbidity and in need for continuous care and support, the IBD unit has been established at our institute since 2017. Furthermore, we think that our nation needs more IBD units to be distributed all over the country.

In conclusion, IBD is a disease that is affecting many patients in our country and the Middle East. However, starting a disease registry is highly crucial for IBD, and establishing a specific unit for IBD is extremely important for better diagnosis, treatment and patients care [1].

Bibliography


Volume 5 Issue 1 January 2018
©All rights reserved by Kamal A El-Atrebi and Hala T El-Bassyouni.

Citation: Kamal A El-Atrebi and Hala T El-Bassyouni. “Inflammatory Bowel Disease (IBD) Unit: An Egyptian Experience”. EC Gastroenterology and Digestive System 5.1 (2018): 01.