IBD IN SUB-SAHARAN AFRICA

IBD Interest Group Meeting
Mashiko SETSHEDI
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PATHOPHYSIOLOGY OF IBD

**GENETICS**
- NOD2
- IBD5
- IL23R
- ATG16L1...

**ENVIRONMENT**
- Diet
- Smoking
- Antibiotics
- Latitude
- Urbanization/western diet
- Low education/income
- Childhood/perinatal infections

**IMMUNOLOGY**
- Impaired epithelial barrier function
- Immunodysregulation
- Over-reactive response to autophagy

**MICROBIOME**
- Enterobacteriaceae
- Pasteurellaceae
- Veillonellaceae
- Fusobacteriaceae
- Erysipelotrichiales
- Bacteroidales
- Clostridiales

1. Inflamm Bowel Dis 2006;12:S3-9 (Suppl 1)
3. Feldman M, Friedman LS, Brandt LJ, editors. Sleisenger and Fordtran’s Gastrointestinal and Liver Disease
4. BMJ 2017;357:j2083
INCREASING TRENDS OF IBD

1st case of UC reported by Sir Walter Wilks

1st case of UC reported in China

Western World

Newly Industrialized Countries

Industrial Revolution-1800s

Great Acceleration of Populations-1950s

Globalization-21st Century

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INCIDENCE OF IBD

http://oncofertility.northwestern.edu/resources/inflammatory-bowel-disease-ibd
DATA IN SSA

1 CASE
Cameroon
Ivory Coast
Rwanda
Togo

2-13 CASES
Tanzania = 2
Uganda = 4
Zimbabwe = 7
Burkina Faso = 10
Ethiopia = 13

≥ 19 CASES
Senegal = 19
Kenya = 20
Ghana = 45
Nigeria = 58
Other cases = 22

TOTAL = 204!
SA 3000 CASES

Watermeyer et al; 2019 - unpublished
LOCAL DATA AT GSH

Outpatient clinic attendance

138% increase!
CONCLUSIONS

• Paucity of data (low-quality)
• Reasons
  ✓ underreporting
  ✓ lack of specialist services for diagnosis
  ✓ complication of infectious agents mimicking IBD
WAY FORWARD

• Registries
• Education
• Publish