Analysis of biological variables in Crohn's disease

EDITOR.—We wish to comment on the paper by Sahmoud et al (Gut 1995; 37: 811–8) where the authors suggested the following features of disease, interval since previous relapse, and colonic involvement as powerful prognostic factors to predict relapse in quiescent Crohn's disease. We also followed up for 18 months 107 patients with Crohn's disease (1). We used laboratory tests enhanced by clinical characteristics for predicting relapse.

Interestingly, our results about clinical characteristics were, for some aspects, similar to those of Sahmoud et al. A total of 36% of patients had high ferritin levels with previous relapse and a high grade of iron in 19%. We found significant associations between presence of iron overload and the histochemical diagnosis of cirrhosis in HCC.

We do not completely share the pessimism of Drs Walker and Segal with regard to changing the method of preparation of traditional beer and to instituting a phlebotomy program. The iron drums that are now used to prepare and replace clay pots around the turn of the century, but these clay utensils are still used in most rural communities to prepare food and other forms of beverages. It seems feasible to us to encourage the use of this facility for the preparation of traditional beer in place of the newer and more convenient, but probably more dangerous, iron drums. For the past two years our research team has conducted a rural based study of dietary iron overload. We have been struck by the overwhelming level of cooperation that we have been able to obtain through close and regular contact with the rural communities. Despite the need for venesection and high awareness of the problem of HIV, it has been unusual for subjects to refuse to take part.

In summary, we believe the available data point to both HCC and dietary iron overload as major health problems in rural Africa. There is a strong body of evidence to suggest an association between these two conditions. Major initiatives are needed to combat these diseases beginning in the communities where the problems exist.

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References


