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LETTER TO THE EDITOR

Advancing early diagnosis of inflammatory bowel disease: A call for enhanced efforts

Shu-Bei He, Bing Hu

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Shu-Bei He, Bing Hu, Department of Gastroenterology and Hepatology/Medical Engineering Integration Laboratory of Digestive Endoscopy, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Corresponding author: Bing Hu, MD, Professor, Department of Gastroenterology and Hepatology/Medical Engineering Integration Laboratory of Digestive Endoscopy, West China Hospital, Sichuan University, No. 37 Guo Xue Alley, Wuhou District, Chengdu 610041, Sichuan Province, China. hubingnj@163.com

Abstract

The diagnosis of inflammatory bowel disease (IBD) is complicated by its nonspecific clinical presentation and the limited accuracy of existing biomarker tests, frequently resulting in significant delays from the time of symptom onset to the achievement of a definitive diagnosis. Thus, improving the early identification of IBD remains a crucial focus for gastroenterologists. Blüthner *et al* innovatively utilized medical data from German IBD patients to investigate risk factors contributing to these diagnostic delays. However, certain methodological limitations in the study have impacted data extraction and interpretation, underscoring the need for more comprehensive analyses to validate these findings.

Key Words: Diagnostic delay; Early identification; Inflammatory bowel disease; Crohn's disease; Ulcerative colitis

Core Tip: Achieving an early diagnosis is essential for minimizing complications and optimizing the effectiveness of therapeutic interventions in patients with inflammatory bowel disease. Through an extensive questionnaire survey, Blüthner *et al* obtained significant insights that enhanced the diagnostic protocols for inflammatory bowel disease. However, further validation and refinement of these insights are needed to ensure their reliability and practical applicability in clinical settings.

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TO THE EDITOR

The accurate and timely identification of patients with inflammatory bowel disease (IBD) is crucial for optimizing short-term symptom management and improving long-term outcomes. We read with great interest the recent article by Blüthner *et al*[1], which reported a prospective study using a 16-item questionnaire to identify risk factors contributing to prolonged diagnostic times in a German IBD cohort. However, several aspects of the study warrant further investigation.

Firstly, Table 1 illustrates that the total diagnostic period for patients with Crohn's disease (CD) exceeds that for ulcerative colitis (UC), especially during the physician-led diagnostic phase. This disparity primarily arises from the vague and nonspecific symptoms of CD, as well as its extraintestinal manifestations, which often resemble those observed in various other medical conditions. To further clarify these findings, investigating the impact of commonly misdiagnosed conditions - such as functional gastrointestinal disorders[2], intestinal tuberculosis[3], intestinal lymphoma[4], and Behçet's disease[5] - on these diagnostic delays is advisable. An in-depth examination would enhance the understanding of the complex array of diseases that must be differentiated from CD within the German health care system, thus improving physician awareness and vigilance. Such insights could also aid in the development of comprehensive diagnostic tools that more accurately predict IBD in targeted patient populations.

Secondly, Table 2 reveals that some participants were diagnosed before 2000, yet they participated in a prospective survey conducted between 2012 and 2022. This significant time gap may lead to recall bias among patients completing questionnaires decades after their initial diagnosis of IBD, potentially compromising the accuracy of key disease-specific factors such as patient wait times, medical history, and symptom severity. To improve the reliability of the research findings, we recommend conducting follow-up assessments at the initial visit for patients suspected of having IBD, using data that have been carefully recorded by physicians. This approach ensures that the data are contemporaneous and minimizes the risk of recall errors.

Thirdly, in their univariate analysis, the authors used the year 2000 as a cutoff to categorize patients on the basis of their year of diagnosis and concluded that the timing of diagnosis was not significantly associated with delays in diagnosing IBD. However, long time-span surveys inherently face challenges, including the need to account for evolving health care paradigms and changing socioeconomic landscapes that affect disease diagnoses. Therefore, a more detailed stratified analysis across different diagnostic periods is recommended to control for these confounding factors more effectively.

In summary, we commend the authors for their pioneering efforts in the early diagnosis and management of IBD patients in Germany. We also acknowledge the crucial roles of recognizing disease-specific symptoms and employing rapid diagnostic tools in shortening the diagnostic process. We look forward to further significant contributions from researchers in this field.

FOOTNOTES

Author contributions: He SB wrote the original draft; Hu B contributed to conceptualization, writing, reviewing and editing; He SB and Hu B participated in drafting the manuscript; and all authors have read and approved the final version of the manuscript.

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Country of origin: China

ORCID number: Bing Hu 0000-0002-9898-8656.

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