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Editorial

Is IBD about to Vanish?!

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Inflammatory Bowel Disease is one of the diseases that carries high index of morbidities and mortalities especially in young people at their active ages. This age category is considered a man power for their nations. So, we are not speaking about a disease of high prevalence but we are also speaking about a crippling disease in a critical age group.

Back to history since Thomas Dalziel a surgeon from Scotland described what is known today as Crohn`s Disease (CD) (BMJ,1913), we waited for more than twenty years until Burrel Crohn a gastroenterologist from states (the disease was named by his name) fully described CD and uses steroid for it (1933), this was a foreword step on the management path. We waited for another twenty years until Truelove and Witts from Oxford described the role of steroid in Ulcerative Colitis (UC) (1955). All those scientists showed some success in treating IBD patients; at least their complaints. Years later, MJ of Australia (1962) described thiopurine (AZA) as a mainstay therapy for IBD (about 70-80% of cases), suspecting full control of the disease. Surprisingly, the failure rates has increased with high percentage of surgery that all know it is not either a piece of cake or a magic solution.

Once again we waited for many years until the famous French gastroenterologist Jacques Cosnes described the importantly inflammatory window phase of the disease in 2002 [1] that has been considered a revolutionary in the disease pathogenesis that on one hand, opened up to the treat to target concept in the IBD (same of what happen in the Rheumatoid Arthritis), this allows for the biologics that was first introduced for IBD in 1998 to go strongly and early in the IBD management protocols [2], followed by other blocking therapies such as adhesive molecules, integrins and Jak inhibitors that showed some major side effects as well as failure rates. Furthermore, bowel transplant and gut microbiota have been introduced in the management racing.

On the other hand, it has forced the scientists to think about the triggering factors of the disease that was considered a western disease until few years ago when it has been found a considerable number of IBD patients in the middle East and North Africa that is mathematically almost equal to what is happening in Europe and USA [2,3].This has risen the concept of finding out the most important IBD triggering factors; environmental, genetic and immune response.

Recently, the researchers at John Innes Centre, Norwich, UK working alongside a team of scientists from Brigham and Women's hospital (Boston, USA) have helped establish a connection between micron B17, a well known toxin produced by *E. coli* bacteria and IBD [4].

Finally, could we find a final solution for IBD in the upcoming recent years?

Bibliography

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