LETTER TO THE EDITOR

Suspension of smoking is a risk factor for Ulcerative Colitis (UC) diagnosed after an Acute Myocardial Infarction (AMI)

Dear Sir,

The incidence of UC shows a double peak in many epidemiological experiences: the first one between 20 and 40 year olds and the second one over 50–60 year olds, mainly in male patients.¹

Many factors are considered "trigger events" for the onset of UC like the condition of ex-smoker.²

It was therefore suggested that the second peak of incidence of UC was related to smoking cessation that often takes place for the onset of cardiovascular disease.

During our routine medical activity we observed, in a short time, that two patients had diagnosis of UC a few months after suspension of smoking in consequence of an AMI.

In this retrospective study we wondered which was the relationship between AMI, UC and smoking habit. In order to estimate the prevalence of cardiovascular manifestations of UC and its correlation with smoking habit (ex smoker), we observed 770 consecutive patients whose sex (456 males and 314 females), age at diagnosis of UC (median age 36 years) and age at diagnosis of each disease in the anamnesis and during the follow up were known.

Nine (1.17%) of 770 patients had AMI: three patients had AMI after the diagnosis of UC (respectively 14, 19 and 300 months). Six patients (5 males, 1 female; median age 58 years) had diagnosis of UC after AMI. In four of six patients AMI and suspension of smoking habit were contemporaneous and UC was diagnosed respectively of 1, 3, 3, and 6 months after smoking suspension. The other two patients stopped smoking 148 and 32 months after AMI and the UC was diagnosed respectively 2 and 6 months after smoking suspension.

It is now 27 years since the association of non-smoking with UC was first identified by Harries et al.² and afterwards, in 1989, a meta-analysis showed an increased risk of ulcerative colitis among lifelong non-smokers and ex-smokers compared with current smokers (OR 1.64).³

In a precedent Italian collaborative study we showed that the M/F ratio, at diagnosis of UC, increases progressively with age in relation to ex-smoking habit compared with M/F ratio that remains constant in non-smoker patients.⁴ Moreover it appears that ex-smokers are 70% more likely than those who never smoked to develop UC.

In this study, the high median age at diagnosis of UC and the sex male prevalence agree with epidemiological data about the second incidence peak of age at diagnosis of UC, mainly males and ex-smokers, as a previous study proposed.

Then the results of this retrospective analysis, although on a little sample of patients, seem to confirm the role of suspension of smoking as a risk factor for the onset of UC.

References


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