LETTER TO THE EDITOR

Increased fatigability of external anal sphincter in inflammatory bowel disease

Dear Sir,

I read with a great interest the recent article by Papathanasopoulos AA et al.1 The article has very important outcomes related with pathophysiology of fecal incontinence (FI) in inflammatory bowel disease (IBD) patients. But, there are some items to be clarified. First issue of my concern is related with the selection of study population. As we all know FI is really a heterogenous disorder, and patients usually have more than one deficit.2 That's why patients with Crohn's disease and ulcerative colitis should not have been analysed in the same group such as group I or II. Secondly, irritable bowel disease (IBS) is ignored in the present study. IBS should always be considered in FI studies as an important confounding factor.3 Group III was selected patients without IBS, on the other hand IBD patients are not clearly identified for concomitant IBS in the study. Third issue of my interest is related with interpretation of endoanal ultrasound. Sonography is possibly prone to interobserver variability and some occult external anal sphincter defects responsible for FI may be ignored. How did the authors confirm the results? Lastly, did the authors eliminate any biofeedback effect previously advised to patients that have impact on study results?

References


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