adequate sample size limits the inferences that could be made.

In conclusion, even though the theme is a pertinent one, the methodological deficiencies of the article weaken the conclusions the authors arrived at. Future studies whose aim is to report dietary characteristics should consider these relevant aspects.

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## Declaration of competing interest

The authors declare that there is no conflict of interest.

## References

1. Amieva-Balmori M, Martínez-Pérez GP, Francisco MR, et al. Características de la alimentación de los pacientes mexicanos con síndrome de intestino irritable. ¿Se distingue de la población general? Rev Gastroenterol Mex. 2025;90:182–91, http://dx.doi.org/10.1016/j.rgmx.2024.09.010.
2. Bertin L, Zanconato M, Crepaldi M, et al. The role of the FODMAP diet in IBS. Nutrients. 2024;16:370, http://dx.doi.org/10.3390/nu16030370.
3. Ordaz-Alvarez HR, Priego-Parra BA, Reyes-Diaz SA, et al. Prevalence of eating disorders among adults with irritable bowel syndrome: a cross-sectional study. J Clin Gastroenterol. 2024, http://dx.doi.org/10.1097/MCG.0000000000002101.

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# Response to the letter to the editor regarding our article: ''Dietary characteristics of Mexican patients with irritable bowel syndrome: Is there a distinction from the general population?''

## Respuesta a la carta al editor sobre nuestro artículo: «Características de la alimentación de los pacientes mexicanos con síndrome de intestino irritable. ¿Se distingue de la población general?»

*Dear Editors,*

We appreciate the attention and interest shown by the authors of the letter regarding our recently published article.[1] We value all efforts made in enriching academic debate, particularly in a field as dynamic as that of irritable bowel syndrome (IBS).

However, we believe it is appropriate to clarify and respond to various observations put forth, and do so constructively, defending the methodology employed in our study. Concerning the clinical characterization of the study participants, we described the diagnostic criteria applied to the patients with IBS (Rome IV criteria) and the exclusion criteria implemented for the controls in the Methods section. We understand that the ''absence of disease'' is not equivalent to an absolute health status, but in the context of observational studies, said definition responds to widely accepted operative criteria in disorders of gut-brain interaction. It is important to remember that IBS is not an exclusion diagnosis, but rather an entity that is defined by the presence of ''positive symptoms'', in the absence of alarm symptoms. Without a doubt, there is currently no precise definition of ''healthy controls'' in IBS and is something that needs to be worked on.[2]

Regarding the terminology employed to describe ''dietary characteristics'', we consider that the intake of macronutrients and micronutrients is indeed an integral part of the dietary profile. Negating their value by not including specific food patterns, types of sugar, or ''trigger foods'' fails to recognize the usefulness of objective nutritional analyses, especially in contexts in which there are still no local validated databases, as occurs with the exact FODMAP content in Mexican foods. In the same way, the qualitative analysis of FODMAPs was carried out transparently and was duly contextualized. It is striking that the validity of this strategy is criticized, without providing viable methodological alternatives or direct evidence in a local population. The only such reference corresponds to a general review, not a specific validation in the Mexican environment.

On the other hand, we recognize that the differences between groups in variables, such as age or body mass index, are possible sources of bias and we appreciate the observation. As to the volunteer recruitment procedure, it was carried out in strict adherence to ethics norms, with informed consent and no compensation, as stated in the principles of the Declaration of Helsinki. Any suggestion of coercion is unfounded and unfortunate.

Finally, we share the interest in exploring aspects, such as eating disorders, in this population, but that was beyond the scope of our study, which focused on comparing general intake profiles. Including multiple clinical, psychologic, and social dimensions in a single design may be ideal but is not always feasible or methodologically adequate. Our agreement as to the relevance of the relationship between eating disorders and IBS is demonstrated by the recent evaluation of said association by our working group.[3] With respect to sample size, it was clearly a limitation of our study, as was the tool utilized and the age differences between groups, all of which we stated at the end of the manuscript.

In conclusion, we appreciate all constructive criticism, but we emphasize the importance of making pertinent observations, based on a thorough reading of the manuscript and with relevant references. Opinions or generalizations that lack robust evidence must be clearly distinguished from rigorous scientific analysis.

## References

1. Amieva-Balmori M, Martínez-Pérez GP, Francisco MR, et al. Dietary characteristics of Mexican patients with irritable bowel syndrome: is there a distinction from the general population? Rev Gastroenterol Mex (Engl Ed). 2025;90:182–91, http://dx.doi.org/10.1016/j.rgmxen.2025.05.004.
2. Ghorbani S, Nejad A, Law D, et al. Healthy control subjects are poorly defined in case-control studies of irritable bowel syndrome. Ann Gastroenterol. 2015;28:87–93. PMID: 25609236; PMCID: PMC4290009.
3. Ordaz-Alvarez HR, Priego-Parra BA, Reyes-Diaz SA, et al. Prevalence of eating disorders among adults with irritable bowel syndrome: a cross-sectional study. J Clin Gastroenterol. 2025;59:880–8, http://dx.doi.org/10.1097/MCG.0000000000002101.

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# Serum 7αC4 as a pragmatic diagnostic tool for bile acid malabsorption in Mexico: Implications and future directions

## El 7αC4 sérico como herramienta diagnóstica práctica para la mala absorción de ácido biliar en México: implicaciones y direcciones futuras

*Dear Editors,*

We read with great interest the recent article by Mendoza-Domínguez et al.[1] titled ''Real-world experience with the diagnosis of bile acid malabsorption (BAM) using serum 7-alpha-C4 and 48-h stool bile acids.'' Their work offers crucial insights into diagnostic alternatives for BAM in Mexico, where 75SeHCAT testing remains unavailable.

The authors demonstrate that serum 7αC4 levels correlate moderately with total fecal bile acids (TBA) and can identify BAM even when primary (PBA) and TBA levels are normal. This is clinically significant, as it suggests serum 7αC4 is a reliable and cost-saving biomarker, with their data indicating an approximate 49% reduction in diagnostic costs compared with combined stool and serum testing.

However, we wish to highlight three key considerations for clinical translation and future research.

First, although serum 7αC4 offers logistical and economic advantages over 48-h stool collection, its current utility remains limited by the necessity of shipping samples abroad for analysis, leading to delays and higher systemic costs. As the authors note, establishing local tandem mass spectrometry facilities for 7αC4 quantification would accelerate diagnosis and enhance equitable access for public sector patients. Indeed, Camilleri et al.[2] previously emphasized that widespread clinical use of serum 7αC4 requires standardized protocols and availability of high-throughput assays, which remain limited in low- and middle-income settings.

Second, the low prevalence of BAM among patients with functional diarrhea or IBS-D in their cohort contrasts with meta-analytic data indicating a prevalence of ∼30% in IBS-D[3] and up to 63.5% following cholecystectomy.[4] This discrepancy may reflect underdiagnosis due to limited clinician awareness or referral bias toward patients with structural causes of diarrhea. Recent guidelines recommend consideration of BAM in all cases of chronic unexplained diarrhea, given its responsiveness to bile acid sequestrants.[5]

Third, while cholestyramine remains the primary treatment option in Mexico, tolerability issues and poor palatability often lead to non-adherence. Emerging therapies such as colesevelam, which have demonstrated better gastrointestinal tolerability profiles, warrant evaluation in Mexican populations.