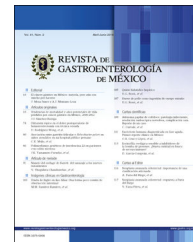




REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

www.elsevier.es/rgmx



LETTER TO THE EDITOR

Response to Tecu-Cortes J.A., regarding "First Mexican consensus on Crohn's disease from the pathologist's perspective"

Respuesta a Tecu-Cortes J.A. Primer consenso mexicano de la enfermedad de Crohn. El punto de vista del patólogo

I appreciate the interest shown by Tecu-Cortes¹ in our first Mexican consensus on Crohn's disease, from a histopathologic perspective, along with his comments. This first consensus included a total of 5 modules on definitions, diagnosis, monitoring and follow-up, conventional and biologic treatment, and surgical treatment.² We agree on the importance of the interaction between the gastroenterologist and pathologist for making an adequate diagnosis of Crohn's disease, given that histopathologic findings alone are not specific for the disease, thus requiring the interaction of a multidisciplinary team that also includes the radiologist. Indeed, the differential diagnosis must be made with infectious processes, mainly intestinal tuberculosis. Said disease is very prevalent in Mexico and is a diagnostic challenge for the gastroenterologist with the support of the pathologist, along with other infectious processes, such as Yersinia and amoebiasis, that can simulate histopathologic findings of Crohn's disease.

Lastly, the frequency of indeterminate colitis was 8.7% in Mexico, in patients that underwent colectomy due to medical treatment refractoriness or who had presented with an acute complication at the *Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán*.³ On the other hand, unclassified inflammatory bowel disease had a frequency of 2%–5.2%, depending on age group, in the national Mexican EPI-MEX study.⁴

Ethical considerations

The present work meets the current bioethical research norms. It did not require approval by an ethics committee, given that no diagnostic or therapeutic interventions were

involved. The author declares that this letter contains no personal data that could identify any patient.

Financial disclosure

No financial support was received in relation to this letter.

Declaration of competing interest

The author declares that there is no conflict of interest.

References

1. Tecu-Cortes JA. Comentario sobre el Primer consenso mexicano de la enfermedad de Crohn. El punto de vista del patólogo. *Rev Gastroenterol Mex*. 2025;90 (colocar la paginación en cuanto lo tengan).
2. Yamamoto-Furusho JK, López-Gómez JG, Bosques-Padilla FJ, et al. First Mexican Consensus on Crohn's disease. *Rev Gastroenterol Mex (Engl Ed)*. 2024;89:280–311, <http://dx.doi.org/10.1016/j.rgmxe.2024.03.001>.
3. Yamamoto-Furusho JK, Rodríguez-Borés L, González-Contreras QH, et al. Prevalence and clinical features of indeterminate colitis in Mexico: a 17-year study. *Rev Gastroenterol Mex*. 2010;75:30–5.
4. Yamamoto-Furusho JK, Sarmiento-Aguilar A, Toledo-Mauriño JJ, et al. Incidence and prevalence of inflammatory bowel disease in Mexico from a nationwide cohort study in a period of 15 years (2000–2017). *Medicine (Baltimore)*. 2019;98:e16291, <http://dx.doi.org/10.1097/MD.00000000000016291>.

J.K. Yamamoto-Furusho*

*Clínica de Enfermedad Inflamatoria Intestinal,
Departamento de Gastroenterología, Instituto Nacional de
Ciencias Médicas y Nutrición Salvador Zubirán, Mexico
City, Mexico*

* Corresponding author at: Vasco de Quiroga 15, Colonia sección XVI Belisario Domínguez, alcaldía Tlalpan, C.P. 14080, Mexico City, Mexico.

E-mail addresses: kazuofurusho@hotmail.com,
yamamotofurusho@yahoo.com