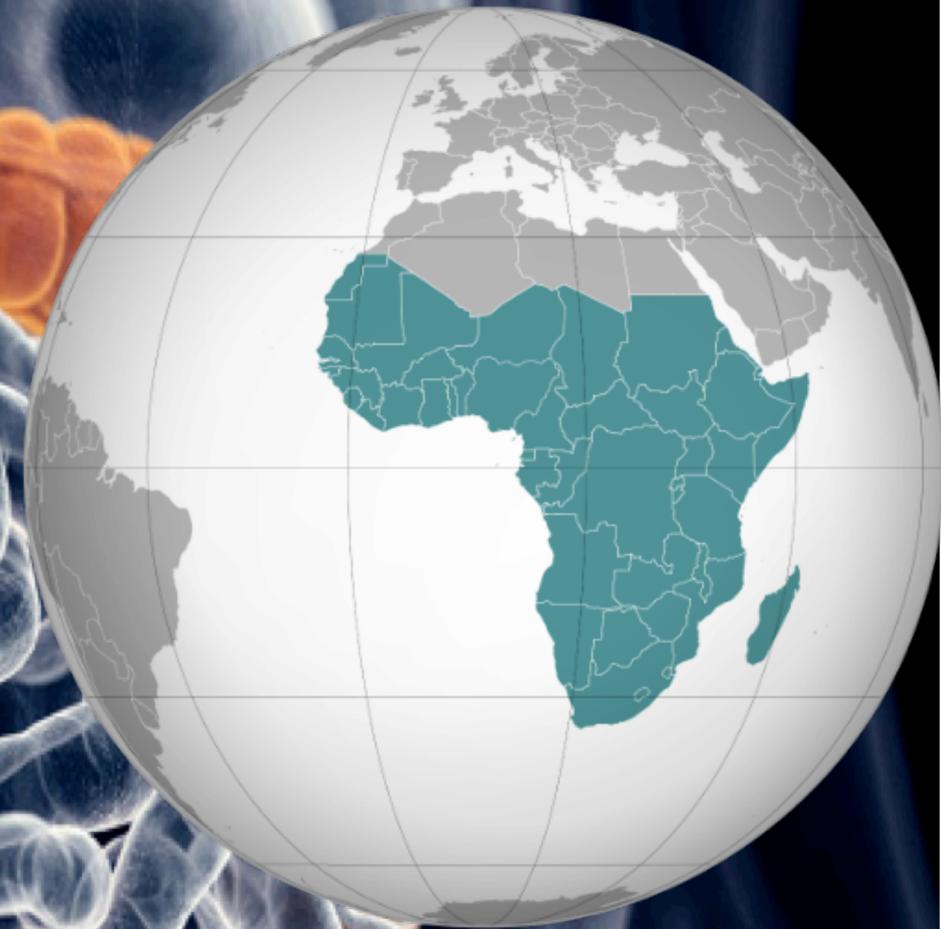


# IBD IN SUB-SAHARAN AFRICA

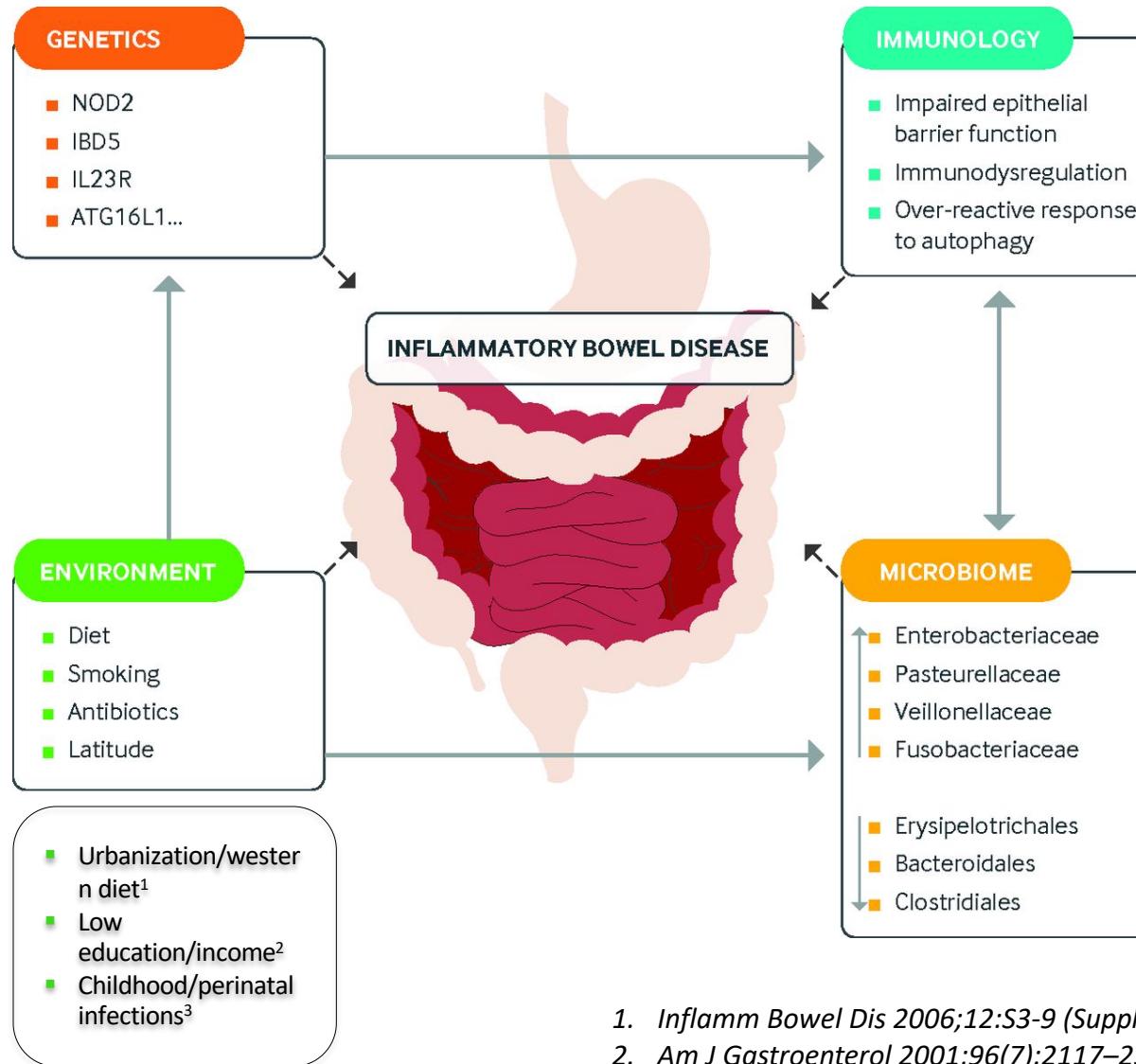


## IBD Interest Group Meeting

Mashiko SETSHEDI

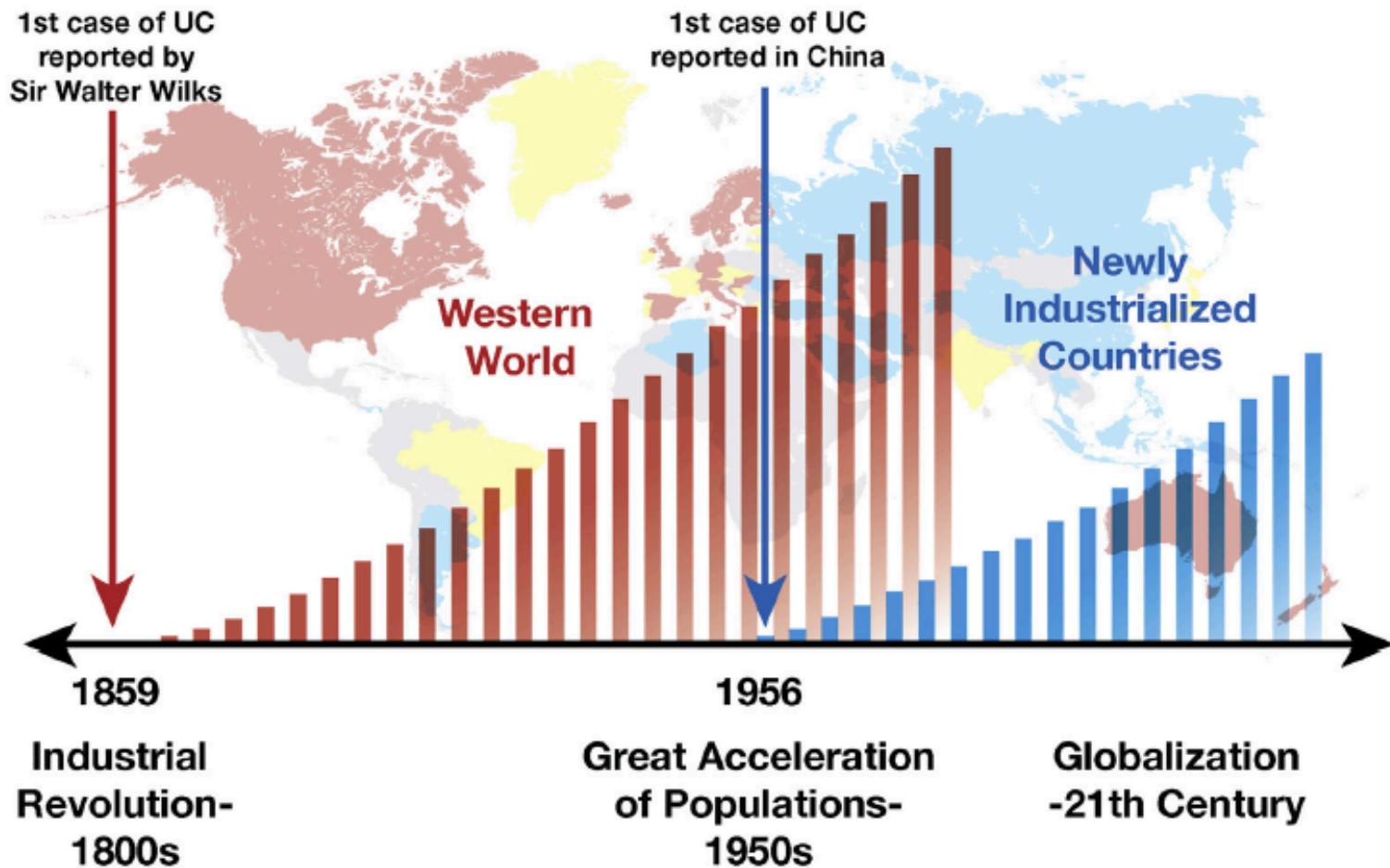
*08 June 2019*

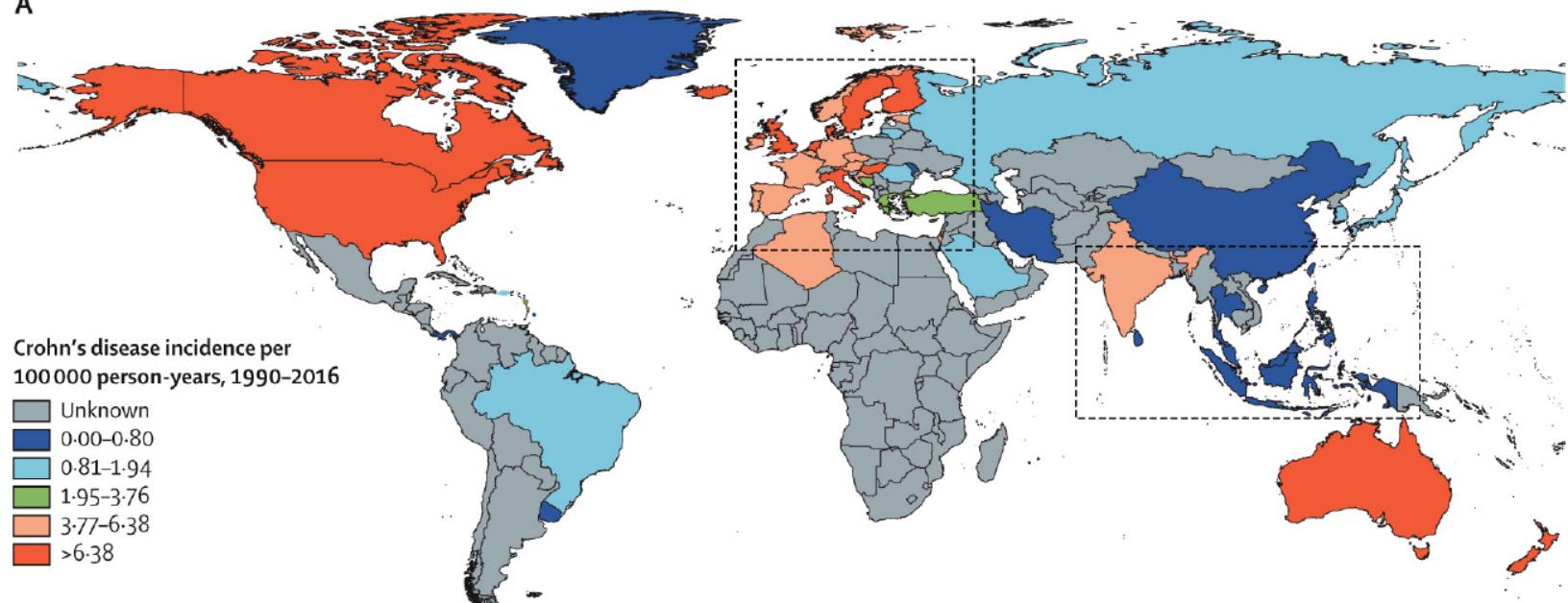
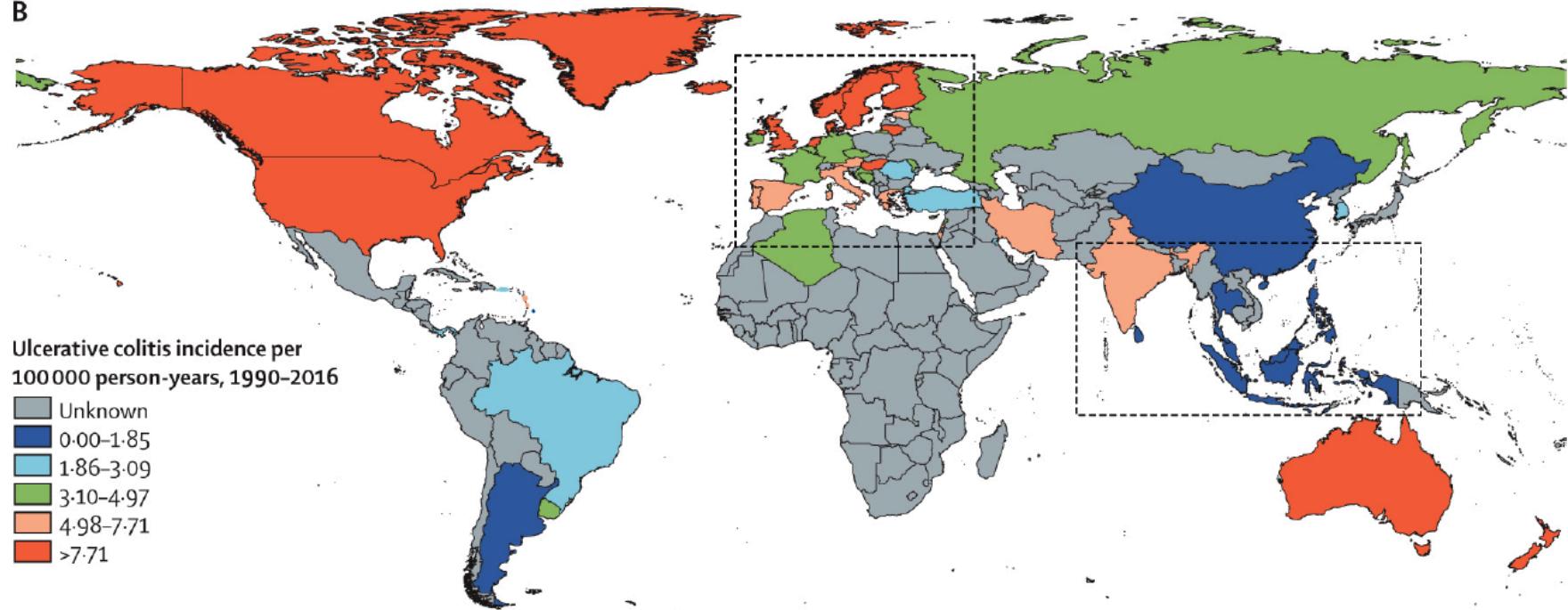
# PATHOPHYSIOLOGY OF IBD



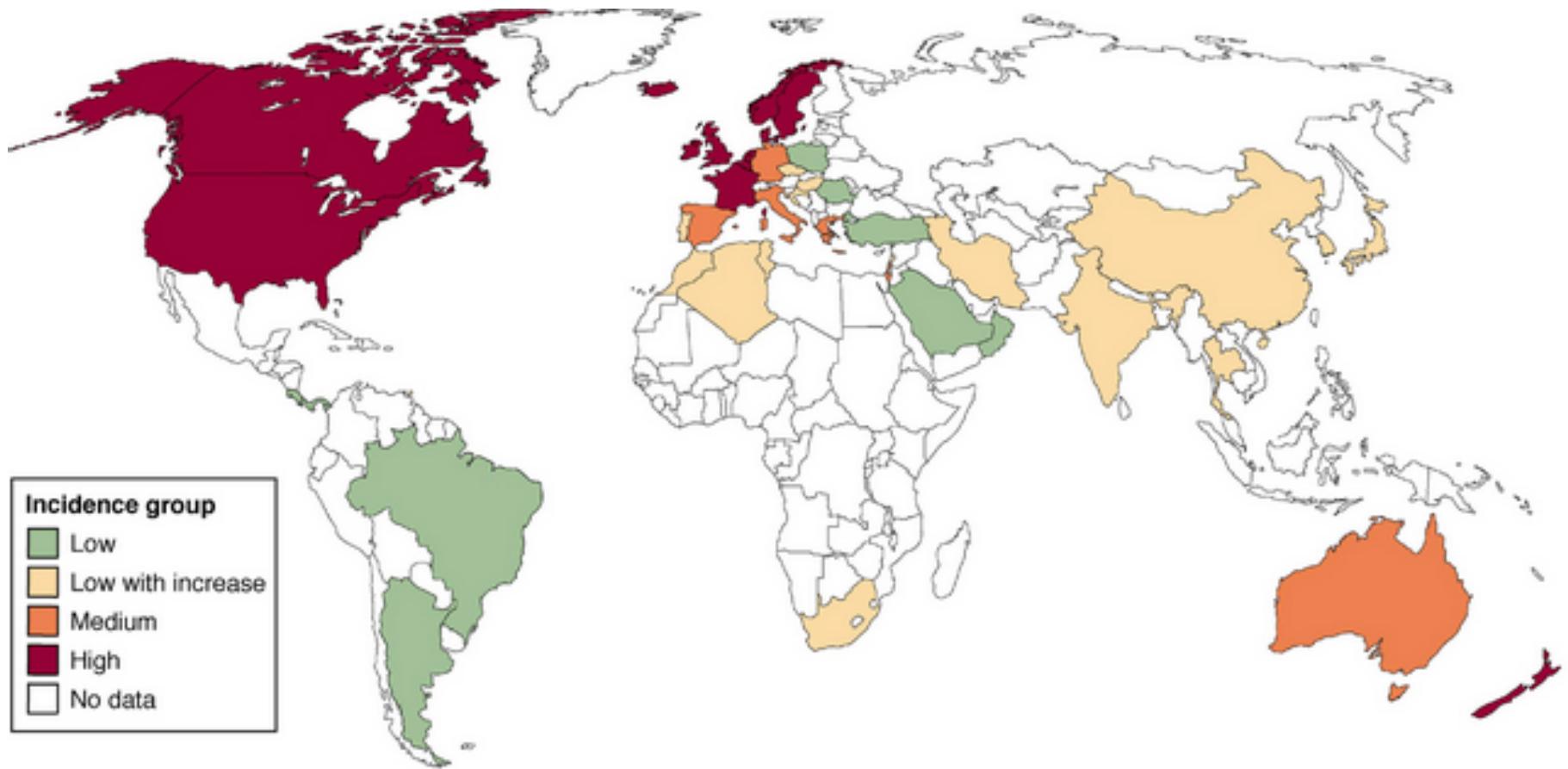
1. *Inflamm Bowel Dis* 2006;12:S3-9 (Suppl 1)
2. *Am J Gastroenterol* 2001;96(7):2117-25
3. Feldman M, Friedman LS, Brandt LJ, editors. *Sleisenger and Fordtran's Gastrointestinal and Liver Disease*
4. *BMJ* 2017;357:j2083

# INCREASING TRENDS OF IBD



**A****B**

# INCIDENCE OF IBD



# DATA IN SSA

## 1 CASE

Cameroon

Ivory Coast

Rwanda

Togo

## 2-13 CASES

Tanzania = 2

Uganda = 4

Zimbabwe = 7

Burkina Faso = 10

Ethiopia = 13

## ≥ 19 CASES

Senegal = 19

Kenya = 20

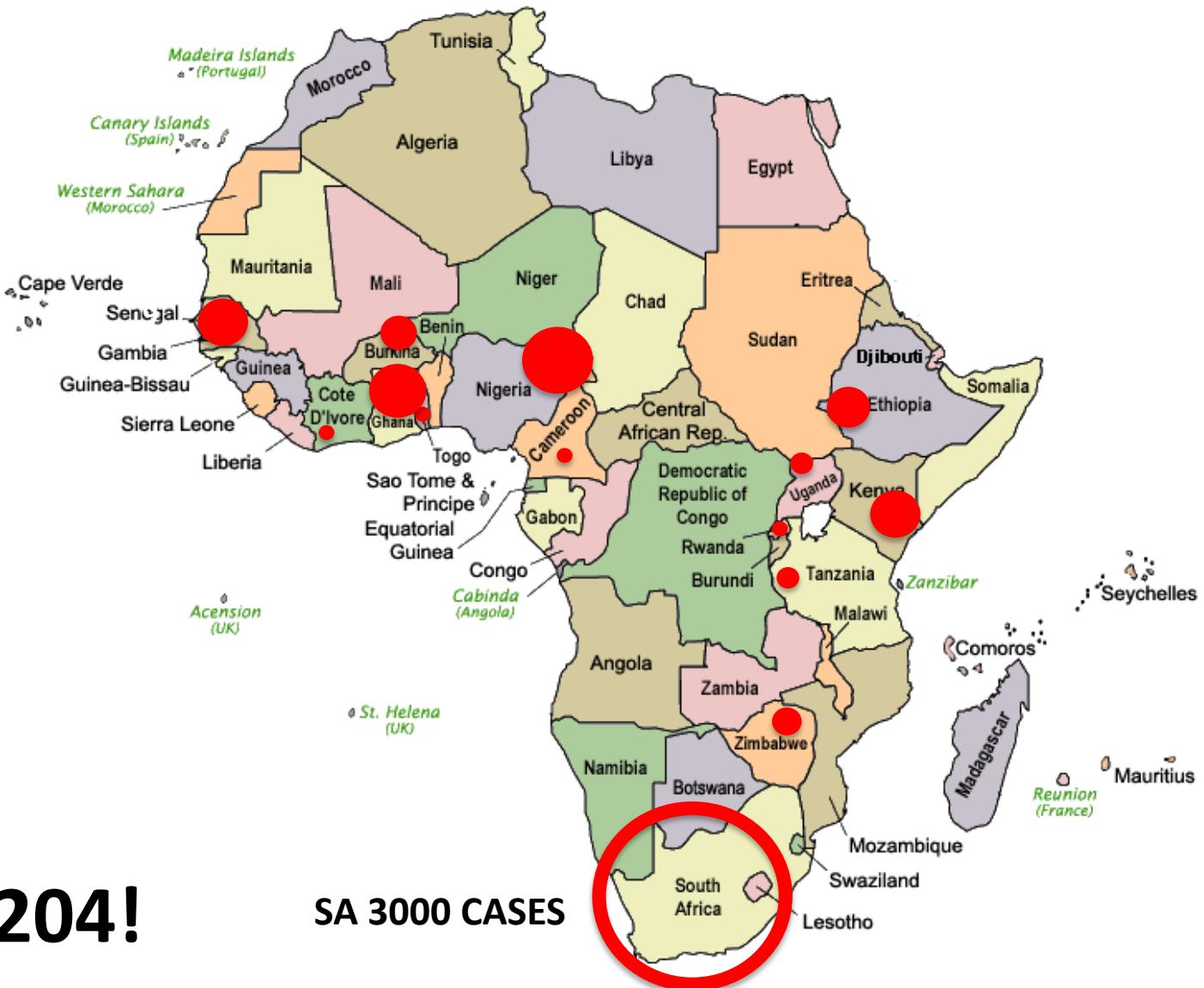
Ghana = 45

Nigeria = 58

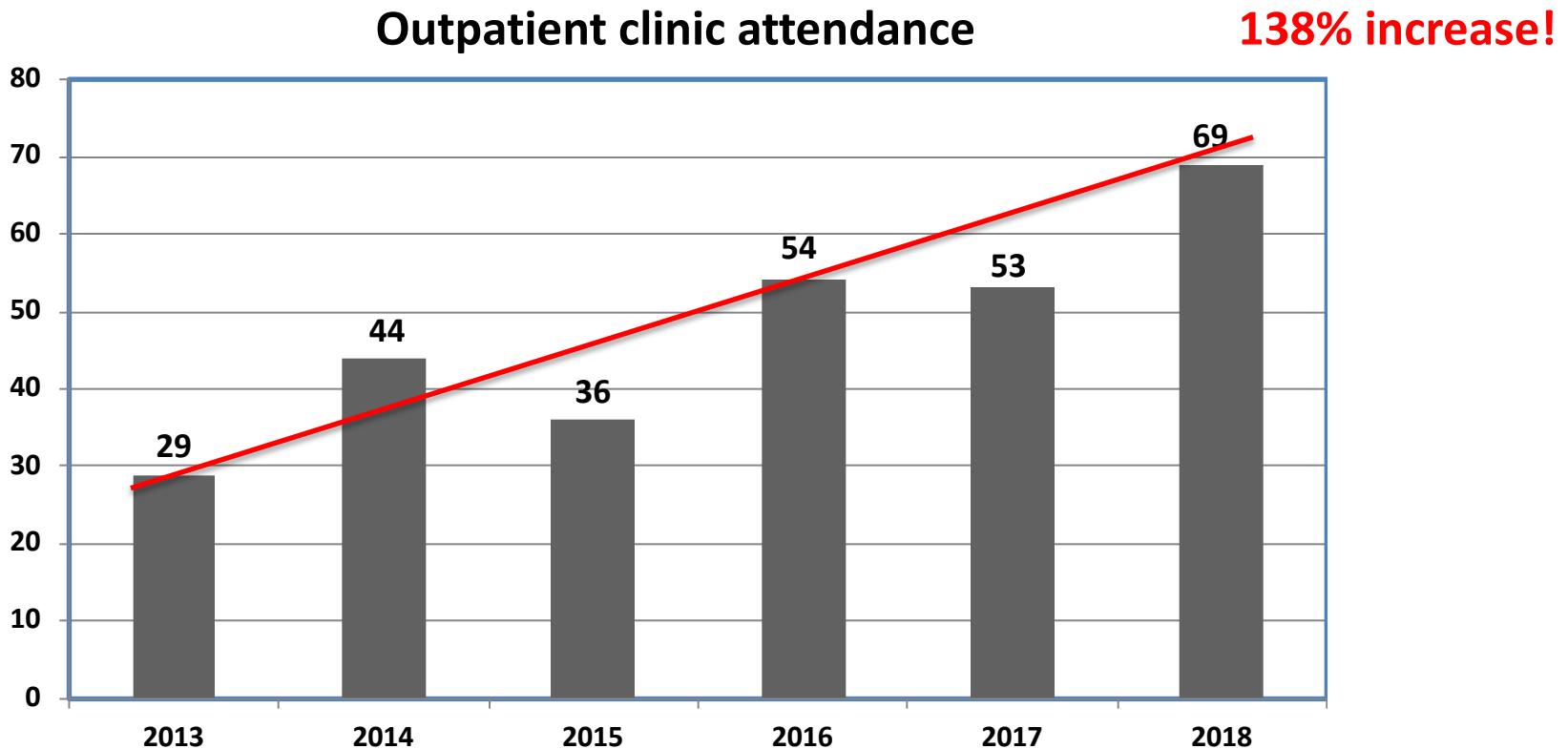
Other cases = 22

**TOTAL = 204!**

**SA 3000 CASES**



# LOCAL DATA AT GSH



# CONCLUSIONS

- Paucity of data (low-quality)
- Reasons
  - ✓ underreporting
  - ✓ lack of specialist services for diagnosis
  - ✓ complication of infectious agents mimicking IBD

# WAY FORWARD

- Registries
- Education
- Publish