Observations on the European Incidence of Chronic Ulcerative Colitis

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Although chronic ulcerative colitis has long been regarded as being a widespread, though uncommon, disease of temperate zones, the concept that its incidence and behaviour may vary in different countries, or even within different areas of the same country, is not widely recognized. Kírsner and Palmer (1954) believe that the disease is less common in South America than in the United States, and in the United States itself Bockus (1943-46) considers that ulcerative colitis is more common in the northern than in the southern states. It has also been possible to demonstrate variations in the geographic incidence of the disease in Britain (Melrose, 1955). The incidence rate showed a tendency to decrease from south to north, the disease being significantly less frequent in the northern British towns. The results were derived from an analysis of grouped hospital returns collected from fifteen major British cities. Since the incidence of the disease cannot be judged from the usual sources of health statistics, hospital records were employed as a source of information, but the limitations and possible imperfections of so doing were noted. Since the original British investigation described above was completed, the author has attempted to extend the study to the Continent of Europe. Many countries have been unable to supply information, and the attempt has not been wholly successful. However, with the aid of certain European colleagues to whom I am indebted, some data of interest have been collected. Hospital records from major towns have again been utilized in each case. In table 1 the countries have been arbitrarily arranged in increasing order of incidence from above downwards. The Island of Fyn was the only Danish area from which data could be obtained. Switzerland occupies a special position in having the lowest incidence. England has the

TABLE 1

Ulcerative Colitis – Rates of Incidence in Europe (derived from grouped hospital returns)

495 Congress

Melrose

627

highest, and the remaining countries occupy an intermediate position. From information supplied by Dr. F. G. Mones it would seem likely that ulcerative colitis is even more frequent in Spain than in England: however, his data are not included in the table as they are not derived exclusively from hospital records.

The significance of this behaviour is obscure but it seems certain that geographic location is of importance in determining the frequency of ulcerative colitis. Clearly this fact must be taken into account in future studies of the aetiology of the disease.

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Un diagnostic différentiel rare de la recto-côlite
ulcéreuse, la maladie de Brill-Symmers
à localisation rectale

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Lorsqu'on lit les traités relatifs à la côlite ulcéreuse et que l'on s'arrête au chapitre du diagnostic différentiel, on trouve un certain nombre d'affections classiques qu'il importe de ne pas confondre avec la maladie en question.

Mais nulle part nous n'avons trouvé mention de la maladie de Brill-Symmers à localisation rectale. Pourtant, le hasard et la fameuse «loi des séries» ont voulu que nous observions 2 fois en l'espace d'un an cette affection rare. Nous pensons donc légitime de rappeler son existence dans le cadre d'un Congrès consacré à la côlite ulcéreuse.

Nous résumerons tout d'abord, aussi brièvement que possible, nos deux observations :

Observation I: Elle concerne une femme de 56 ans qui, après 5 années de troubles dyspeptiques vagues, présente durant 4 ans des diarrhées profuses, 10 à 12 selles liquides quotidiennes, généralement glaireuses, souvent sanglantes. En même temps elle perd 8 kgs. Son état général decline au point que son médecin traitant envisage une issue fatale. Lorsque nous la voyons pour la première fois, nous constatons une importante hypertrophie splénique, un foie de dimensions normales; aucune adénopathie n'est décelable. La rectoscopie montre un état ulcéro-hémorragique typique de côlite avancée et une biopsie de la muqueuse rectale permet de constater qu'elle contient de nombreux follicules lymphatiques. Le lavement baryté confirme l'aspect cœlitique mais montre qu'il est limité au segment rectal. Une laparoscopie montre une énorme rate dont la surface est parsemée de petites