



CHRONOGRAPHY OF INFLAMMATORY BOWEL DISEASE

Year 2005: Clinical, serological and molecular classification of inflammatory bowel disease[☆]

Año 2005: clasificación clínica, serológica y molecular de la enfermedad inflamatoria intestinal

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Why do we classify them? Classifying diseases helps us organize and try to better treat each subtype of the disease in our patients. The order that we get by grouping what we want to know makes it easier to do our work. 2005, Amsterdam. Professor Amado Salvador Peña commented that I should not stop reviewing a new classification of inflammatory bowel disease (IBD) that he had collaborated on and that has been coordinated by a young Canadian doctor who was beginning to stand out in genetic studies of patients with IBD. He emphasized a crucial detail: ‘‘Nacho, he said, don’t stop phenotyping the patients well... nothing will make sense if we mix patients in the study who are not extraordinarily well classified’’. Of course I studied that classification, which since then has become the scale of reference for all doctors who work with IBD patients. Recently we have had the good fortune for Professor Mark Silverberg

(that young Canadian doctor who is today an internationally-recognized expert in IBD) to explain to us some details about how this consensus was reached. He had to convince highly-acclaimed doctors in his field to attract IBD leaders from around the world to the World Gastroenterology Conference held in Montreal and they put into motion the most ambitious attempt to classify IBD to date. This new classification would include clinical, serological and genetic aspects. He also explained how the current director of the IBD centre of Leuven, professor Severine Vermeire, took charge of clarifying the difference between indeterminate colitis and unclassifiable colitis, based on whether a complete histological study of the surgical section of the colon was available. However, this classification is sure to be modified in the future, since almost all the doctors who work with IBD patients agree that there is not just one Crohn’s disease, but many, just as there are in ulcerative colitis, not to mention the IBD subtype of patients with primary sclerosing cholangitis which is, without a doubt, clearly different from classic ulcerative colitis. While we await future classifications, we continue using this one with sound judgement.

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Toward an integrated clinical, molecular and serological classification of inflammatory bowel disease: Report of a Working Party of the 2005 Montreal World Congress of Gastroenterology

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