

Anemia Common in Pediatric Crohn's Disease

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SALT LAKE CITY — Seventy-seven percent of 78 pediatric patients newly diagnosed with Crohn's disease were anemic, and 88% had upper gastrointestinal tract disease, Dr. Meena Thayu reported in a poster presentation at the annual meeting of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition.

"The striking prevalence of upper gastrointestinal tract disease suggests that anemia in these patients may be refractory to oral iron therapy," wrote Dr. Thayu of the University of Pennsylvania, Philadelphia, and her associates.

The study recruited patients aged 5-18 years within 2 weeks of diagnosis at the Children's Hospital of Philadelphia's Center for Pediatric Inflammatory Bowel Diseases, and before they started therapy. All underwent colonoscopy and 75 of 78 had an esophagoduodenoscopy.

Anemia was associated with greater disease activity as assessed by the Pediatric Crohn's Disease Activity Index and higher erythrocyte sedimentation rates as well as with GI tract disease. There was no association between anemia and gender, du-

ration of symptoms, body composition, growth parameters, or a history of abnormal growth at presentation.

The investigators also looked at changes in body composition, comparing this cohort to data from 669 healthy control children recruited from general pediatric clinics in the community. Crohn's disease is associated with decreased body mass index (BMI), but it also may have discrete effects on lean mass and fat mass that are not reflected in BMI, they noted.

The 34 girls with Crohn's disease had significantly less lean mass, appendicular lean mass (the sum of lean mass in the four extremities), and whole body fat mass compared with female controls as measured by whole-body densitometry scans. Two of these three deficits were more severe in girls with higher Tanner stage: lean mass, and appendicular lean mass.

Nonblack boys had significantly less lean mass and appendicular lean mass compared with controls. The control

group had a significantly higher proportion of blacks (37%) compared with the Crohn's disease group (10%).

The deficits in body composition were not associated with disease characteristics such as the duration of symptoms, the presence of upper GI tract disease, and anemia.

A prospective study currently is evaluating the effect of Crohn's disease treatment on anemia and body composition in this cohort. ■

Calcium in Diet, Not Supplements, Cuts Polyp Risk

BETHESDA, MD. — Calcium obtained from dietary sources, but not calcium supplements, may be associated with a protective effect against the development of colon polyps, Janet A. Tooze, Ph.D., reported at the annual meeting of the American Society of Preventive Oncology.

In a retrospective study, 598 participants aged 40-69 years completed a food frequency questionnaire in 1992-1994 when they were participating in the Insulin Resistance Arteriosclerosis Study. They later underwent colonoscopy during 2002-2004.

Overall, people in the three highest quartiles of dietary calcium intake were about 2-3 times more likely to be free of colon polyps than people in the lowest quartile. Supplemental calcium use did not significantly affect the risk for colon polyps. The cutoff for the lowest quartile of calcium intake was about 500 mg per day, according to Dr. Tooze, of Wake Forest University, Winston-Salem, N.C.

One or more polyps were found in 49% of subjects, including 32% with an adenoma or hyperplastic polyp, 23% with any adenoma, and 6% with an advanced adenoma (villous features or size larger than 1 cm).

The prevalence of supplemental calcium use was not high—only 15%, according to the researchers.

"The source of calcium may be related to the protective effect for polyp development and adenoma development," they wrote in their poster presented at the meeting.

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