

seasonal incidence of CD. The possible explanations for this relation may be identified in the molecular mimicry of some viral molecules with gut antigens recognized by autoantibodies in patients with CD. Cytokines released during viral intestinal infections may contribute to the induction of an inflammatory response into the intestinal mucosa and to the activation of TG2, which is critical in CD pathogenesis (33). According to these observations, the prevention of gastrointestinal infections during early life through vaccination strategies may play a role in the prevention of CD. The intestinal microflora have been implicated in the development of inflammatory bowel diseases and other inflammatory gastrointestinal disorders. Several observations reported a difference between the gut microflora of patients with CD and that of healthy controls (34). On this basis, even if the role of microbiota alterations in the pathogenesis of CD remains to be defined, new preventive strategies based on the use of probiotics can be envisaged (35,36).

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Pediatric Gastroenterology in Colombia

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The history of pediatric gastroenterology in Latin America is known (1). In Colombia, in 1985, the first pediatric gastroenterologist trained abroad was Dr Rafael Guerrero-Lozano, who arrived from England; then Dr Norha Luz Yepes and Dr María Elsy Sepúlveda, from México; and Dr Enzo Citarella and Dr Carlos Crismat, from Brazil.

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ACADEMY AND ASSISTANCE

Presently, the nation has close to 36 specialists dedicated to pediatric gastroenterology, with training mainly occurring in México, Chile, Brazil, Argentina, England, France, Uruguay, the United States, and Colombia. There are 4 pediatric hepatic transplant groups in Bogotá, Medellín, and Cali. The nation's main public universities have the assignment of pediatric gastroenterology within their academic curriculum (Nacional, Antioquia, Valle), and since September 2006, the graduate program in pediatric gastroenterology at a private institution (El Bosque) has included 2 years of academic instruction in clinical gastroenterology, diagnostic and therapeutic procedures, orientation in general hepatology and hepatic transplant, and orientation in pediatric nutrition.

STATISTICS

Based on the analyses by Daza et al (Daza W, Mora D, Dadán S, unpublished data, 2010), the most frequent causes for consultation in pediatric gastroenterology independent of age are peptic acid disease (19%), functional chronic constipation (10%), gastrointestinal bleeding (6%), recurrent abdominal pain (5%), and gastroesophageal reflux disease (4%).

SOCIETIES

Three societies gather most of the Colombian pediatric gastroenterologists: the Colombian Association, the Colombian College, and the Latin American Society.

CONTINUING EDUCATION

Colombia, supported by LASPGHAN, hosted the XVI Latin American Congress and the VII Iberian American Congress on Pediatric Gastroenterology, Hepatology, and Nutrition in 2005 and hosted the postgraduate courses in Spanish during the Third World Congress in Iguazu, Brazil, in 2008.

PUBLICATIONS AND RESEARCH

Four texts (2–5) and a JPGN supplement (6) have been edited by the nation's pediatric gastroenterologists, as have a

number of other articles (7–9). To date, the country hosts 6 research groups and the *Journal of Gastrohnp* (<http://www.revgastrhnp.org/>) with COLCIENCIAS (Colombian Administrative Department of Science, Technology and Innovation).

Since 1985, the subspecialty has been developing in Colombia, offering better coverage in our country regarding orientation, diagnosis, and therapy of pediatric gastroenterology conditions; however, there is a concentration of specialists in some cities, leaving other cities and regions in the country without adequate coverage. Bearing in mind the increased number of professionals in our country, we must reach a consensus regarding patient care and, thus, implement a national data network of the main conditions affecting the Colombian population.

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