**Dear Editor,**

We read with great interest the article by Taghavi et al. (1) presenting data on epidemiological factors of inflammatory bowel disease (IBD) in the southern region of Iran. The study included a great number of patients and the data was analyzed retrospectively. First of all, the article demonstrated an overall increase in the incidence rates of both Ulcerative Colitis (UC) and Crohn’s Disease (CD). The study raises several important issues about the presentation of IBD epidemiology and provided some interesting data. First, Taghavi et al. mentioned the female predominance in both UC and CD. In our study, we found male predominance in UC (2) with a rate of 1.4:1 and this finding was compatible with the results of a multicenter IBD epidemiologic survey from Turkey (3). In the mentioned study, male to female ratio was 1.3:1 in both UC and CD groups (3). Secondly, in Taghavi et al. study the mean age was 34.68 ± 1.44 years (range: 8 - 79 years) in UC patients and 32.97 ± 1.34 years (range: 9 – 80 years) in CD patients. The peak age range was 20 to 29 years for IBD and no second peak was detected (1). In our multicenter study, the mean age was 42.6 ± 14.6 years (range: 8 - 79 years) in UC patients and 37.4 ± 12.8 years in CD patients (3) and two peaks were detected for IBD between 20 to 30 and 50 to 70 years (3). Third, in Iranian population, the frequency of smoking was 5.2% in UC patients and 7.4% in CD patients and no significant correlation was detected between smoking and the type of the disease (1). In Turkish population, the frequency of smoking was 15.5% in UC patients and 49.3% in CD patients, and smoking was obviously more frequent in CD than UC (P < 0.001) (3).

In conclusion, IBD is frequently encountered in Turkey and Iran but less seen in North and West Europe. In our region, IBD incidence is gradually increasing by two decades because of the community and physicians’ increased knowledge about IBD, using new diagnostic techniques and also a real increase in the IBD incidence rate. So, health authorities and the researches should properly and professionally focus IBD.

**Authors’ Contribution**
Both authors contributed equally to this work.

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We have no conflict of interest.

**References**