IBD is associated with an increase in carcinoma in PSC irrespective of the presence of dominant bile duct stenosis

To the Editor:

We have read with great interest the paper by Rudolph et al. [1]. The authors have prospectively studied a large cohort of Primary Sclerosing Cholangitis (PSC) patients for up to two decades and identified that only patients with a dominant biliary stenosis with additional IBD had an increased rate in both biliary and colorectal carcinomas (CRC) compared to patients with no dominant stenosis or patients with a dominant stenosis without concomitant IBD. Their findings suggest that the occurrence of additional IBD in PSC patients has a carcinogenic potential and also results in reduced survival free of liver transplantation. The authors recommend that these patients should be carefully screened for bile duct, gallbladder and colorectal carcinomas. We would here like to present our data on transplantation. The authors recommend that these patients should be carefully screened for bile duct, gallbladder and colorectal carcinomas. We would here like to present our data on IBD associated with an increase in carcinoma in PSC irrespective of the presence of dominant bile duct stenosis.

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Conflict of interest

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