

**COMMENT ON: PAEDIATRIC INFLAMMATORY BOWEL DISEASE IN A MULTIRACIAL ASIAN COUNTRY**

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I read with great interest the study by Chu et al regarding the remarkable increase of paediatric inflammatory bowel disease (IBD) in Singapore since the beginning of the new millennium.<sup>(1)</sup>

In the last decade, a series of findings have made me suspect that dietary chemicals like saccharin and sucralose may play an important causative role in IBD, through their inhibition on gut bacteria, and the resultant damage of the mucus layer and underlying gut tissue by poorly inactivated digestive protease. This eventually led me to publish a paper last year with a unified hypothesis on the aetiology of IBD.<sup>(2)</sup> In this paper, I included some evidence collected at that time, such as the remarkable increase of IBD in Alberta, Canada since the early 1990s, in Brisbane, Australia since the middle of the 1990s, in northern California, United States of America since the end of the 1990s, and in south-eastern Norway since the middle of the 2000s. These aforementioned increases in IBD occurred shortly after the approval of sucralose in Canada in 1991, in Australia in 1993, in the United States in 1998, and by the European Union in 2004. After the publication of my paper, another study was released, showing a remarkable increase in paediatric IBD in Ireland since the middle of the 2000s, which, again, occurred shortly after the approval of sucralose in Ireland in 2003.<sup>(3)</sup> Similarly, this remarkable increase in paediatric IBD in Singapore since the beginning of the new millennium, as pointed out by Chu et al,<sup>(1)</sup> happened shortly after the approval of sucralose in Singapore in 1998. Therefore, I recommend further investigation of the possible link between sucralose and IBD.

Yours sincerely,

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Editor's note: The authors, Chu et al, have declined to respond to the above letter.