LETTER FROM THE EDITOR

An estimated 48 million Americans experience foodborne illness annually, according to the Centers for Disease Control and Prevention (2011 estimates). Of these, an estimated 128,000 individuals must be hospitalized, and 3,000, mostly elderly, die as a consequence of infection. Leafy green vegetables, which are often consumed raw, top the list of sources of foodborne illness. The most common (46%) pathogenic contaminant of leafy green vegetables is norovirus, and the most common (53%) source of norovirus contamination is infected food handlers working in commercial settings. The total cost of foodborne illness to US society has been estimated at $152 billion per year, according to findings from the University of Georgetown's Produce Safety Project (www.producesafetyproject.org). This cost is in addition to costs related to other causes of gastrointestinal infection.

Data have been accumulating that link episodic enteric infection with later development of gastrointestinal disorders such as irritable bowel syndrome, dyspepsia, gastroesophageal reflux disease, and celiac disease. To better address and perhaps turn the tide of this major public health concern, causality must be firmly established. In this issue of *Gastroenterology & Hepatology,* the question of causality in postinfectious functional gastrointestinal disorder (FGD) is explored in a review by a research team from Walter Reed National Military Medical Center in Bethesda, Maryland and Naval Medical Research Center in Silver Spring, Maryland. The authors stress the need for standardization of epidemiologic research methods and suggest that with new research will come new paradigms about FGDs.

The authors also argue that epidemiologic research into causality should be multidisciplinary and cover attribution, burden of disease, as well as clinical characterization and disease management. Gaps in epidemiologic research into these areas are identified.

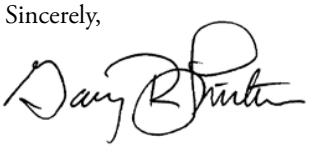
Also featured in this issue is a review on computed tomography colonography (CTC), which is one of a number of emerging options for colorectal cancer screening that aim to be more inviting to the 36% of adults older than age 50 years who fail to participate in colorectal cancer screening initiatives. The authors inform readers that CTC is less invasive than conventional colonoscopy and does not require anesthesia, that image acquisition time is approximately 15 seconds, and that patient satisfaction with the modality is improved over conventional colonoscopy. Other benefits and the shortfalls of this modality are covered in this comprehensive review.

Our cases this month include a description of a rare instance of duodenal cystic lymphangioma in a pediatric patient and the first case of a mucosal Schwann cell hamartoma of the colon in a patient with ulcerative colitis to be reported in the literature.

A line-up of distinguished thought leaders offers an interesting mix of insights on a range of topics in our columns. Dr. Rakesh Aggarwal, Professor at the Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow, India, discusses hepatitis E, an infection endemic to underdeveloped regions of Asia and Africa but also known to sporadically occur in developed countries. Dr. Daniel Sifrim, Professor at Barts and The London School of Medicine and Dentistry in London, United Kingdom, provides clinical pearls on the diagnosis and management of bile reflux. Dr. Thomas M. Deas, Jr, President of the American Society for Gastrointestinal Endoscopy, discusses advanced endoscopy training. Dr. Kevin A. Hommel, Associate Professor at the Cincinnati Children's Hospital Medical Center in Ohio, covers the clinical implications of psychosocial and behavioral issues in pediatric patients with inflammatory bowel disease. In addition in this issue, Dr. Seymour Katz, Clinical Professor of Medicine at New York University School of Medicine in New York City, talks about the risks of osteopenia and osteoporosis in patients with gastrointestinal disorders. Information on the identification of at-risk patients, screening for bone loss, and treatment interventions are provided.

Here is hoping that the information within this issue will help advance your clinical expertise.

Sincerely,



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