

LETTER FROM THE EDITOR



Endoscopic retrograde cholangiopancreatography (ERCP) is a generally well-tolerated procedure with a low rate of complications, but gastroenterologists must be aware of the complications that can arise and be able to deftly manage them. Pancreatitis is the most common complication of ERCP, but a transient increase in pancreatic serum enzymes—which is common—is not a cause for alarm. Rather, a definition formulated by Cotton and colleagues for post-ERCP pancreatitis, published in *Gastrointestinal Endoscopy* in 1991, provides a widely accepted guide: new or worsened abdominal pain, new or prolonged hospitalization, and serum amylase levels that are 3 or more times the upper limit of normal at more than 24 hours after the procedure. Additional common complications include hemorrhage, infection, and perforation. The American Society for Gastrointestinal Endoscopy published a guideline brief on complications in ERCP last year in its society journal. The guideline can be accessed online at <http://www.asge.org/assets/0/71542/71544/076fbf43-9959-4859-8286-bc62fec2b5dc.pdf>.

In this issue of *Gastroenterology & Hepatology*, we address complications of ERCP and how to troubleshoot them in a comprehensive review by Dr. Nicholas M. Szary and Dr. Firas H. Al-Kawas of the Georgetown University Hospital in Washington, DC.

Lymphocytic esophagitis, a newly described entity characterized by nongranulocytic peripapillary lymphocytosis, has been linked to inflammatory bowel disease (IBD). The link observed in earlier studies has been shown to be not so clear in a more systematic study conducted by a multicenter team from California. We present the findings of this study, authored by Dr. Benjamin Basseri, from Cedars-Sinai Medical Center in Los Angeles, and colleagues in this month's issue of the journal.

In the wake of new, paradigm-shifting advancements in the treatment of hepatitis C virus (HCV) infection, we introduce a new column on advances in HCV in this issue. Our first commentary for this new column is with Dr. Nezam H. Afdhal, Director of Hepatology at Beth Israel Deaconess Medical Center and Professor of Medicine at Harvard University School of Medicine in Boston. Dr. Afdhal discusses the use of elastography and biopsy in the diagnosis of HCV infection and the value of elastography in staging disease and providing key diagnostic and prognostic information that will then steer treatment management decisions.

In addition to our regular column on IBD, we present a timely special focus on the science of IBD, distilled

from a presentation delivered at the recent Digestive Disease Week, by Dr. Remo Panaccione, Director of the Inflammatory Bowel Disease Clinic at the University of Calgary in Alberta, Canada. Our regular *Advances in IBD* column, featuring Dr. Maria T. Abreu, Chief of the Division of Gastroenterology at the University of Miami Miller School of Medicine in Florida, explores genetics in the pathogenesis of IBD.

In our other columns, Dr. Abby B. Siegel, Assistant Professor of Medicine at Columbia University College of Physicians and Surgeons in New York City, provides an informative commentary on growing findings about the potential value of statins in the prevention of hepatocellular carcinoma, including in patients with hepatitis B virus or HCV infection; Dr. C. Mel Wilcox, Director of the Division of Gastroenterology and Hepatology at the University of Alabama-Birmingham Health System in Alabama, discusses infectious esophagitis; and Dr. Silvia Sanduleanu, Consultant Gastroenterologist at the Maastricht University Medical Centre in The Netherlands, addresses endoscopic surveillance of patients with Lynch syndrome.

Among the cases presented in this issue, one, by Dr. Henry C. Ho and colleagues from Yale University in New Haven, Connecticut, describes obscure gastrointestinal bleeding caused by video capsule retention related to lymphoma-associated enteropathy. The case is followed by a comprehensive commentary on small bowel tumors by Dr. Veronica N. Baptista and Dr. David R. Cave of the University of Massachusetts Memorial Medical Center in Worcester. Our other case, contributed by Dr. Sanam Razeghi and colleagues from the University of Maryland School of Medicine in Baltimore, describes a localized incident of pyoderma fasciale in a patient with Crohn's disease. Its accompanying commentary, by Dr. Vikas Pabby and Dr. Robert Burakoff of Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, discusses extraintestinal manifestations of IBD.

May this information-rich issue of *Gastroenterology & Hepatology* enhance your knowledge base and, in turn, your clinical practice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive.

Gary R. Lichtenstein, MD, AGAF, FACP, FACG