

# LETTER FROM THE EDITOR



The importance of the gut in human health has long been a point of emphasis in medicine, warranting comment from such luminaries as Hippocrates, who flourished during the 4th century BCE and warned that “bad digestion is the root of all evil” and that “death sits in the bowels.” Although much research has traditionally focused on pathogenic gut microbes, research is now avidly being turned toward the role of gut microbes in homeostasis as well as pathogenesis. The interdisciplinary approach taken to understand the gut microbiome and then to translate insights into new paradigms in medical care have longstanding and global impact. Indeed, a revolution in how health and disease are addressed may truly be at hand. So important is study of the gut microbiome in human well-being that the American Gastroenterological Association (AGA) has established the Center for Gut Microbiome Research and Education. Its stated mission is to “advance research and education on the gut microbiome in human health and disease.” A video of an AGA congressional briefing on the gut microbiome can be viewed at [www.gastro.org/research/aga-center-for-gut-microbiome-research-and-education](http://www.gastro.org/research/aga-center-for-gut-microbiome-research-and-education).

We present, in this issue of *Gastroenterology & Hepatology*, a comprehensive review of gut microbiota in health and disease by Dr Eamonn M. M. Quigley of the Houston Methodist Hospital in Houston, Texas. Covered are the role of gut microbiota in maintaining health and how dysbiosis results in such pathologic conditions as inflammatory bowel disease (IBD), irritable bowel syndrome, and liver disease.

Our second feature, by Dr Rohit Makkar and Dr Bo Shen of The Cleveland Clinic Foundation in Cleveland, Ohio, presents practical information on the value of colonoscopy in patients with IBD. Noting that colonoscopic procedures are invaluable, they also acknowledge that such procedures are not without risks, and, thus, Dr Makkar and Dr Shen present salient guidance on how to prevent and troubleshoot colonoscopic perforation.

Also featured in this issue is a resource-rich discussion with Dr Robert Gish, of The University of Cali-

fornia San Diego, on hepatitis D virus: its epidemiology, natural history, surveillance, and prevention. The use of telemedicine in endoscopic retrograde cholangiopancreatography is discussed by Dr Hans-Ivar Pålsson of the Karolinska Institute in Stockholm, Sweden; the role of the acid pocket in gastroesophageal reflux disease is addressed by Dr Guy Boeckxstaens of the University Hospital Leuven in Belgium; and Dr Corey A. Siegel, of the Geisel School of Medicine and The Dartmouth Institute for Health Policy and Clinical Practice in Hanover, New Hampshire, provides insights and guidance important to good clinical practice on patient decision-making in the context of IBD management.

One of our 2 case reports featured in this issue explores esophageal obstruction resulting from isolated eosinophilic gastroenteritis followed by a commentary by Dr Meena Anand Prasad and Dr Ikuo Hirano, of the Northwestern University Feinberg School of Medicine in Chicago, Illinois, of the gray area between eosinophilic esophagitis and eosinophilic gastroenteritis. Our second case report concerns statin-induced cholestatic hepatitis, followed by a comprehensive commentary by Dr Manish Thapar, of Drexel University College of Medicine, and colleagues Dr Mark W. Russo and Dr Herbert L. Bonkovsky of the Carolinas HealthCare System and the University of North Carolina School of Medicine in Charlotte, who reassure gastroenterologists on the safety of statins while also reiterating the importance of drug monitoring.

May this issue, rich in practical, clinical insights, help you enhance your practice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein".

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