LETTER FROM THE EDITOR

Gastroesophageal reflux disease (GERD) is common in children. The diagnosis and management of GERD in children carry unique challenges related to the stage of development of the pediatric gastrointestinal (GI) tract as well as the level of cooperation that can be expected from the young patient. The ease of use of equipment to examine the pediatric GI tract is another challenge as is evaluation of diagnostic findings, considering that "normal" parameters in children are often based on data extrapolated from studies in adults. In addition, treatments for GI motor disorders in pediatric patients are limited, and some agents used in pediatric patients may be inappropriate in that patient population. For example, a literature review by Chung and Yardley, published in the January 2013 issue of *Hospital Pediatrics,* found a significant association between the use of antacids in infants and children and the development of necrotizing enterocolitis, bacteremia, pneumonia, and GI infections. Another, more recent study by Rosen in the November 2013 issue of *JAMA Pediatrics* stressed that data are lacking on the etiology of pediatric gastroesophageal reflux and that acid suppression therapy tends to increase the burden of nonacid reflux in this population. Further, a recent study by McAteer and colleagues published in the November 2013 issue of *JAMA Surgery* suggests that antireflux surgery is being excessively recommended for infants without clearly defined and standardized indications. Much research and attention to detail are needed to raise the bar. In this issue of *Gastroenterology & Hepatology,* we present a clinical review on GI motility disorders in children by Dr Lusine Ambartsumyan of the Seattle Children's Hospital in Seattle, Washington and Dr Leonel Rodriguez of the Boston Children's Hospital and Harvard Medical School in Boston, Massachusetts.

Also featured in this issue is an informative discussion by Dr David T. Rubin, of the University of Chicago Medicine in Chicago, Illinois, and colleagues on ethical issues of clinical trials in inflammatory bowel disease (IBD). This important article reviews ethical issues related to placebo-controlled trials, the impact of trial design on vulnerable patients, exposure to monoclonal antibodies, globalization of trials, and clinical trials in relation to surgical advances. In addition, we provide a third feature: a highly informative and clinically relevant study by Dr Jesse M. Civan, of Thomas Jefferson University Hospital in Philadelphia, Pennsylvania, and colleagues on excessive acetaminophen use in hospitalized patients. Complementing this article is an editorial by Professor Peter Elwood and Dr Gareth Morgan of the Cochrane Institute at the Cardiff University School of Medicine in Cardiff, Wales, United Kingdom, focusing on concerns about aspirin prophylaxis and gut bleeds.

For our Study in Focus, we highlight the report Vedolizumab as Induction and Maintenance Therapy for Ulcerative Colitis by Dr Brian G. Feagan and colleagues, which was published in the August 2013 issue of the *New England Journal of Medicine.* The commentator for this article is Stefan Schreiber, MD, of the University Hospital Schleswig-Holstein in Kiel, Germany.

We are pleased to present a rather overlooked but critical topic in our Advances in IBD column: sexual dysfunction in IBD, presented through an interview with Dr Britt Christensen of the University of Chicago in Chicago, Illinois. Dr Mitchell L. Shiffman, of the Bon Secours Health System in Richmond and Newport News, Virginia, discusses fibrosis and cirrhosis in hepatitis C virus infection and other liver diseases in the Advances in Hepatology column; Dr Peter A. Bonis, of Tufts University in Boston, Massachusetts, reviews the epidemiology and characteristics of eosinophilic esophagitis in the Advances in GERD column; and Dr John Baillie, of the Carteret General Hospital in Morehead City, North Carolina, provides a nicely illustrated and instructive commentary on difficult endoscopic retrograde cholangiopancreatography in the Advances in Endoscopy column.

Again, may this issue, chock full of pertinent clinical information, help you improve your practice.

Sincerely,

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