

LETTER FROM THE EDITOR



Now that it is May, gastroenterologists and hepatologists will be congregating in Chicago, Illinois for Digestive Disease Week. Two of the hottest topics we can expect to see a great deal of dialogue on are the gut microbiome and advances in the treatment of hepatitis C virus (HCV) infection. We have been consistently providing insights on the gut microbiome in health and disease in *Gastroenterology & Hepatology* and, in this issue, present a frank and comprehensive editorial on fecal microbiota transplantation based on separate interviews with Dr Eamonn M. M. Quigley, of the Houston Methodist Hospital and Weill Cornell Medical College in Houston, Texas, and Dr Stacy Kahn, of the University of Chicago Medicine in Illinois. As for advances in HCV infection, *Gastroenterology & Hepatology* has kept readers informed regarding the introduction of 2 new agents, sofosbuvir (Sovaldi, Gilead) and simeprevir (Olysio, Janssen), and the promise of interferon-free regimens on the horizon. In this issue, we present an important review by a team led by Dr Ahmet Gurakar, of Johns Hopkins School of Medicine in Baltimore, Maryland, on rheumatologic manifestations of HCV infection.

Arthralgias are commonly encountered in patients infected with HCV. Rheumatologic symptoms, in addition to arthralgias, include paresthesias, myalgias, pruritus, and sicca syndrome and have been reported in up to 38% of patients infected with HCV. Although rheumatoid factor may be present in up to 85% of these patients, erosive joint changes, characteristic of true rheumatoid arthritis, are not evident. Still, the signs and symptoms of HCV-related arthritis may be so similar to rheumatoid arthritis that distinguishing between the 2 may be nearly impossible. Distinguishing between HCV-related arthropathy and rheumatoid arthritis is important; however, many of the drugs used in rheumatoid arthritis are hepatotoxic, and interferon, still used to treat HCV infection, can aggravate rheumatic symptoms.

Our second feature, by Dr Amy E. Foxx-Orenstein, of the Mayo Clinic in Scottsdale, Arizona, and colleagues,

addresses the diagnosis and treatment of common anorectal disorders. In addition, we present findings of a study, led by Dr Tau-seef Ali, of the University of Oklahoma Health Sciences Center in Oklahoma City, of physician knowledge about the concomitant use of antibiotics and oral contraceptives in patients with fistulizing Crohn's disease that suggest that specialists in inflammatory bowel disease (IBD) must lead the way in educating other practitioners about the concomitant use of these agents in female patients with IBD.

In our Advances in Hepatology column, Dr Stephen H. Caldwell, of the University of Virginia School of Medicine in Charlottesville, discusses management of coagulopathy in liver disease. Dr Andrew J. Gawron, of the Northwestern University Feinberg School of Medicine in Chicago, Illinois, discusses prophylactic clip placement following endoscopic polyp removal in the Advances in Endoscopy column, and more on endoscopy is presented by Dr Jonathan A. Leighton, of the Mayo Clinic in Scottsdale, Arizona, who discusses advances in capsule endoscopy for Crohn's disease. In our Advances in GERD column, Dr Jeffrey A. Alexander, of the Mayo Clinic in Rochester, Minnesota, discusses topical corticosteroid therapy for eosinophilic esophagitis. We also present a Practice Management column in which Dr Ziad F. Gellad, of Duke University School of Medicine in Durham, North Carolina, discusses endoscopy unit efficiency.

As always, may the informative and comprehensive content provided in this month's issue of *Gastroenterology & Hepatology* educate, inspire, and boost your clinical practice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name "Gary" being more prominent.

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