LETTER FROM THE EDITOR

The 24-hour news cycle has become an inescapable feature of our lives. Online and offline, media outlets are constantly churning out story after story. Dedicated researchers toiling away in laboratories are pressured to produce newsworthy results, and many of us have fallen into the trap of measuring scientific and medical progress according to how well a particular step can be captured in a press release or sound bite.

To relieve some of this pressure, it seems important to take a step back sometimes to appreciate the accomplishments of modern medicine. Not to sound too starry-eyed, but the technology we now have at our fingertips is truly awe-inspiring.

Consider the liver transplant. One hundred years ago, a person who required a new liver in order to live would not have survived. The first successful liver transplant from a nonliving donor took place in Colorado in 1963. Since then, advances in transplantation have continued. Pediatric transplantation was the next step forward, with infants and children suffering from liver diseases undergoing transplantation with portions of adult livers from nonliving donors.

Subsequently, in 1989, a 2-year-old girl received a portion of her mother's liver, the first successful living-donor transplantation, an approach that followed the realization that the donor's liver cells will regenerate in a matter of weeks. Today, researchers are investigating how much of a liver can be removed without compromising its regenerative capacity.

Techniques have continued to improve, including our ability to preserve the liver after removal from the donor. In the latest advancement in this area, a device has been invented that can keep a liver preserved for longer than the 12 to 20 hours possible with ice. Still under investigation, this device may be available later this year.

We also have a novel approach to liver transplant entering our clinics. Hepatocyte transplantation enables patients to receive only hepatocyte cells. We are now so far advanced that we can isolate specific types of cells in the liver (as we are able to do with the pancreas), remove only 1 specific type of cell, preserve the isolated cells, and then insert them into the liver of a patient.

In this month's issue of *Gastroenterology & Hepatology,* Dr Ira J. Fox discusses hepatocyte transplantation. As Dr Fox notes, the procedure is appropriate only for certain hepatic disorders—those in which the architecture of the liver is still preserved. This procedure is still in its infancy; however, the potential significance is vast. Pediatric patients with phenylketonuria may be cured using this technique. Work still remains to perfect this technique; however, such an outcome is certainly within reach.

This issue also highlights other recent advances and areas of medical progress. In our other monthly columns, Dr Jose M. Ferro brings attention to the underrecognized occurrence of neurologic manifestations of inflammatory bowel disease, Dr Peter J. Kahrilas discusses management of the acid pocket, and Dr Raymond C. Roy provides an anesthesiologist's perspective on recent advances in endoscopy sedation. In our feature articles, Dr Joel E. Richter reviews the current diagnosis and management of suspected reflux symptoms refractory to proton pump inhibitor therapy, Dr Raluca Vrabie and Dr Sunanda Kane examine noninvasive markers of disease activity in inflammatory bowel disease, and a team from Monash University and Alfred Hospital in Australia present management strategies for abdominal bloating and distension.

I hope that each article in this issue will be of value to your practice on its own and that, as a collection, these articles will engender value for where we are now in the fields of gastroenterology and hepatology. In this high-pressure time for science, it is nice to pause for a moment to appreciate the fruits of our accomplishments.

Sincerely,

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