

The Systemic Impact of GI Disorders



Gastrointestinal disorders can impact many aspects of a patient's health and well-being. This issue of *Gastroenterology & Hepatology* explores several instances in which the management of patients with gastrointestinal disorders involves the consideration of other organ systems.

In a feature article, Dr Jana G. Hashash and Dr Sunanda Kane examine the impact of inflammatory bowel disease (IBD) on pregnancy and vice versa. The key to improving outcomes for both the mother and the fetus is to maintain disease remission at the time of conception and throughout pregnancy. Most IBD medications are safe for use during conception and pregnancy; the authors provide a detailed analysis of the current data.

There are many extraintestinal manifestations of IBD, the most common of which is arthritis in the central and peripheral joints. In our Advances in IBD column, Dr Millie D. Long discusses IBD-associated arthritis, skin lesions, and eye inflammation. These manifestations should not necessarily be treated with traditional therapies. For example, ibuprofen or other anti-inflammatory medications—often used to treat arthritis—can promote a flare of the underlying IBD. Dr Long describes the best management approaches, and she also highlights the potential complications of IBD medications.

Cirrhosis has been linked to major pulmonary complications. Hepatic hydrothorax is the most common, but others include pulmonary hypertension and hepatopulmonary syndrome. Dr Norman L. Sussman addresses the pulmonary complications of cirrhosis in our Advances in Hepatology column. Because early pulmonary disease may be asymptomatic, clinicians should evaluate all patients with cirrhosis for evidence of pulmonary disease. Dr Sussman describes the current treatment approaches, including results from his study showing that patients can

safely undergo liver transplantation following medical management of portopulmonary hypertension.

In our Advances in Endoscopy column, Dr William A. Ross discusses the use of endoscopy in patients with thrombocytopenia. Endoscopy can be performed safely in these patients, although the traditional platelet threshold of 50,000/ μ L may be too high. Dr Ross describes a study that he and his colleagues conducted on this issue, which suggested a lower platelet threshold for endoscopic procedures, including biopsies. This change would require fewer platelet transfusions to prepare patients for endoscopy.

Our other feature article focuses on chronic constipation, which is a highly prevalent condition. Patients often present for medical care after trying over-the-counter agents, many of which are not effective. Dr Zilla H. Husain, Ms Kelly Everhart, and Dr Brian E. Lacy review published evidence on medical treatments and surgical options for chronic idiopathic constipation.

Finally, our Advances in GERD column focuses on the management of achalasia. Dr Philip O. Katz discusses the diagnosis of this condition, particularly the use of high-resolution manometry, as well as recent data on treatment options, including the new procedure of peroral endoscopic myotomy.

I hope this issue's content provides valuable information for your clinical practice.

Sincerely,

A handwritten signature in black ink that reads "Gary R. Lichtenstein". The signature is fluid and cursive, with the first name being the most prominent.

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