

The Role of the Gastroenterologist in Managing Iron Deficiency Anemia



Anemia is the most common blood disorder. It affects one-quarter of the population worldwide, including more than 3 million Americans. Most cases of anemia can be attributed to iron deficiency. Patients with iron deficiency anemia of unknown etiology are often referred to a gastroenterologist because the cause is usually gastrointestinal in origin. Celiac disease and inflammatory bowel disease are among the gastrointestinal disorders that increase the risk for anemia and iron deficiency. Although treatment options include oral and intravenous iron therapy, the efficacy of oral iron is limited in certain gastrointestinal conditions, such as inflammatory bowel disease (when disease is active), celiac disease, and autoimmune gastritis. This issue of *Gastroenterology & Hepatology* presents a feature article by senior author Dr Christoph Gasche and colleagues on the pathophysiology, diagnosis, and management of iron deficiency anemia. Prompt treatment will improve associated physical conditions and quality of life, as well as alleviate fatigue and cognitive deficits. The authors present a streamlined management algorithm that can help reduce unnecessary testing and assist clinicians to determine which patients are in need of further gastrointestinal evaluation.

The uses of endoscopy continue to expand. In a feature article, Dr Manoop S. Bhutani and colleagues describe the use of confocal laser endomicroscopy (CLE), a novel technique that enables imaging at a subcellular level of resolution during endoscopy. Needle-based CLE uses a miniprobe that can be passed through a 19-gauge needle during endoscopic ultrasound–fine-needle aspiration (EUS-FNA). This procedure allows the real-time visualization of tissue at a microscopic level, with the potential to further improve the diagnostic accuracy of EUS-FNA. EUS-guided needle-based CLE is a minimally invasive technique that has been studied in animals as well as in humans, and the results so far have been promising.

In another feature article, Drs Arpan Mohanty and Guadalupe Garcia-Tsao discuss hyponatremia and hepatorenal syndrome, which are severe complications in patients with cirrhosis and ascites resulting from circulatory abnormalities (splanchnic and systemic vasodilatation) that develop with portal hypertension. An accurate differential diagnosis is essential in determining the most appropriate management.

The authors provide a comprehensive review of the diagnosis and management of these conditions.

Our new HCC in Focus column returns with a discussion of sorafenib (Nexavar, Bayer/Onyx). Sorafenib is indicated for the treatment of unresectable hepatocellular carcinoma; often, these patients have fairly advanced disease, including macrovascular invasion and extrahepatic spread. Dr Pierre Gholam reviews the study data for the use of sorafenib, and he offers recommendations regarding dose modification. In our Advances in Endoscopy column, Dr Stephen J. Bickston discusses endoscopic evaluation of microscopic colitis, which generally refers to the finding of specific histologic inflammatory changes in biopsies of endoscopically normal-appearing colon. Because flexible sigmoidoscopy is often inadequate to diagnose microscopic colitis, it is important to advance to the more proximal colon. Ideally, a full examination, including intubation of the terminal ileum, should be performed. Dr Nirmala Gonsalves discusses dietary therapy for eosinophilic esophagitis in our Advances in GERD column. Studies from the 1990s have shown that food allergies drive eosinophilic esophagitis in pediatric patients. Only recently has this mechanism also been confirmed in adults. Dr Gonsalves discusses the research, including her own, that has made dietary therapy a first-line treatment approach in adults with eosinophilic esophagitis. In our Advances in IBD column, Dr Uma Mahadevan discusses pregnancy in IBD. Research by Dr Mahadevan has shown that women with IBD have higher rates of miscarriage, preterm birth, low birth weight, and complications of labor and delivery than those without IBD. Dr Mahadevan recommends that women with IBD be considered high-risk obstetric patients.

I hope you find this issue interesting and informative.

Sincerely,

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