

Causes of Cough

Cough is a symptom that people experience very commonly. Although it can be uncomfortable or distracting, this natural reflex allows people to protect their lungs. As we enter the cold and influenza seasons, it may seem that many people around us—including ourselves and our families—have a cough. Many of these coughs are likely caused by respiratory infections and only last for a week or two. However, there are also other causes of cough.

In this issue of *Gastroenterology & Hepatology*, Dr David O. Francis examines the potential relationship between cough and gastroesophageal reflux disease (GERD). As Dr Francis points out in the Advances in GERD column, cough can be separated into acute cough—the type of cough referred to above—and chronic cough. Chronic cough is more challenging to treat and is often unexplained. Recently, there has been an increase in interest in the relationship between GERD and cough. According to Dr Francis, although GERD does have a role in chronic cough, GERD is likely only a cofactor and not the main culprit.

Two feature articles this month involve hepatology. In one article, Drs Duminda Suraweera, Vinay Sundaram, and Sammy Saab review the management of hepatitis C virus (HCV) infection in patients who have undergone liver transplant. In the United States and Europe, chronic HCV infection is the most common cause of liver transplant in adults. Advances in direct-acting antiviral agents have revolutionized HCV management. In this article, the authors examine recent research on the use of these drugs specifically for the management of recurrent HCV infection in liver transplant recipients.

In our other hepatology article, Drs Catherine Lucero and Robert S. Brown Jr discuss various noninvasive measures of liver fibrosis and severity of liver disease. As the authors note, establishing the extent of fibrosis is an important part of evaluating disease severity in patients with chronic liver disease. This allows doctors to

determine which patients should be prioritized for treatment.

The third feature article this month, authored by Dr Sabina Sabharwal, focuses on gastrointestinal manifestations of cystic fibrosis. Due to the rising life expectancy of patients with cystic fibrosis, these manifestations are becoming increasingly important. Also important is the nutrition of these patients. As the author notes, doctors should routinely monitor the nutritional status of patients with cystic fibrosis, examine growth and digestive issues, and screen for nutritional deficiencies.

Our other monthly columns involve a variety of gastrointestinal issues. In the Advances in IBD column, Dr James D. Lewis examines the latest research on the role of diet in inflammatory bowel disease, and discusses whether patients should adjust their regular diet. In the Advances in Hepatology column, Dr Lauren A. Beste provides an overview of alcoholic liver disease, including its complications and consequences as well as the currently available treatment options. In the Advances in Endoscopy column, Dr Michelle A. Anderson discusses the management of anticoagulant and antiplatelet agents in patients undergoing endoscopy.

This issue also contains a brief case study section, authored by Drs Seth Lipka, Seymour Katz, and James M. Crawford, on a patient who developed fulminant colitis following rituximab therapy.

I hope these articles will be of value to your clinical practice. Best wishes for a happy and productive new year!

Sincerely,



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

