

# Diagnostic Testing

Establishing an accurate diagnosis can be a challenging component of disease management. Hepatic encephalopathy is a major complication of liver disease that results in significant morbidity and mortality. Overt hepatic encephalopathy can be diagnosed without specialized testing. Covert hepatic encephalopathy, however, requires psychometric or neuropsychological tests.

In this month's issue of *Gastroenterology & Hepatology*, Drs Meghan NeSmith, Joseph Ahn, and Steven L. Flamm provide an overview of both overt and covert hepatic encephalopathy, from classification and clinical presentation to diagnosis and management. As part of their review of these conditions, the authors examine the various psychometric tests, screening tools, and neuropsychological tests currently available for covert hepatic encephalopathy. Although there is currently no gold standard for the diagnosis of this condition, various combinations of tests have been suggested. These tests range from paper-and-pencil tests such as the block design test and Number Connection Tests A and B to computerized assessments such as the Inhibitory Control Test and the Cognitive Drug Research assessment system. There is even a Stroop smartphone application, which can be used in the outpatient setting. Although further validation studies are needed for this tool, the findings thus far seem to be promising.

In our other feature article, Drs Jason Martin, Sunanda V. Kane, and Linda A. Feagins explore fertility and contraception in women with inflammatory bowel disease (IBD). Fertility is reduced in women who undergo surgery, particularly ileal pouch anastomosis, and is likely worsened by active disease. However, fertility is normal or only slightly reduced in women with IBD who do not undergo surgery. The authors note the importance of IBD patients having discussions with their physicians, as patients may have unwarranted concerns and discussions may lead to changes in decision-making. The authors also provide a thorough overview of different potential contraceptive options, including their effectiveness and risks.



Our IBD coverage continues with our Advances in IBD column. Dr Peter Lakatos discusses the European experience of using infliximab biosimilars for treating patients with IBD. He outlines current and future research in this area as well as the advantages and disadvantages of using biosimilars.

Our Advances in Hepatology column covers liver transplant in patients with primary sclerosing cholangitis. Dr David S. Goldberg discusses the ideal time and donor for liver transplant for these patients.

This month's Advances in Endoscopy column focuses on the management of esophageal perforations, both idiopathic and iatrogenic. Dr Douglas G. Adler discusses causes of these perforations, endoscopic options for management, and preventive measures.

Our Advances in GERD column is based on a presentation from the most recent American College of Gastroenterology meeting. In this piece, Dr Neil Stollman explores *Helicobacter pylori* infection in the era of antibiotic resistance.

The relationship between hepatocellular carcinoma (HCC) and hepatitis B virus (HBV) and hepatitis C virus (HCV) is explored in our bimonthly HCC in Focus column. Dr Anita Kohli discusses whether treatment of HBV or HCV affects the risk of HCC, disease recurrence, Model for End-Stage Liver Disease scores, and time to liver transplant.

I hope that this issue provides valuable insights for your clinical practice.

Sincerely,

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