

Liver Transplantation

Over 120,000 people in the United States are waiting for an organ transplant, according to the United Network for Organ Sharing (UNOS). The majority of these people are waiting for a kidney transplant. The second-highest organ in demand is the liver. The shortage of organs can have devastating effects. In 2013, 1767 people died while waiting for a liver transplant, according to the annual data report from the Organ Procurement and Transplantation Network/Scientific Registry of Transplant Recipients. That same year, another 1223 patients were removed from the waiting list because they were considered too ill to undergo liver transplantation.

Over the years, there have been modifications to organ transplant and allocation policies. Just last month, UNOS granted approval to Johns Hopkins to perform HIV-positive to HIV-positive kidney and liver transplants. According to Dr Dorry L. Segev, an associate professor of surgery at the Johns Hopkins University School of Medicine who was quoted in a press release, allowing the use of HIV-positive donors could save more than 1000 lives. In addition to helping HIV-positive patients in need of a kidney or liver transplant, this change should shorten the wait for other patients who need those organs.

The current status of liver allocation in the United States is examined in this month's issue of *Gastroenterology & Hepatology*. In a feature article, Drs Saleh Elwir and John Lake review important recent changes to the liver allocation system and also present an overview of potential changes to the system that are currently being considered.

In another feature article this month, Drs Kewin T. H. Siah, Reuben K. Wong, and William E. Whitehead examine whether functional constipation and constipation-predominant irritable bowel syndrome are separate disorders or parts of a spectrum. The authors also explore the implications of these concepts for the diagnosis and management of patients.



In the third feature article, Dr Arnold Wald provides an update on the management of fecal incontinence, a condition that he describes as “one of the most emotionally devastating of all nonfatal conditions.” He provides an illustrative overview of fecal incontinence, including pathophysiology, diagnostic tests, and various management approaches.

Our columns examine 4 other important topics in gastroenterology and hepatology. In the Advances in GERD column, Dr Marco Patti discusses antireflux surgery in lung transplant patients and presents several accompanying figures. In the Advances in Hepatology column, Dr Anders H. Nyberg explores the association between various extrahepatic cancers and chronic hepatitis C virus infection. In the Advances in IBD column, Dr Siew C. Ng examines emerging trends of inflammatory bowel disease in Asia and compares them with inflammatory bowel disease in the Western world. Finally, to mark March as National Colorectal Cancer Awareness Month, the Advances in Endoscopy column features an interview with Dr Douglas K. Rex on various screening tests for colon cancer. The column also includes several images depicting the most effective test in a given situation.

This issue also contains a brief case study section, authored by Drs Sonia Varghese, Vu Le, and Tauseef Ali, on large fundic gland polyps in the stomach.

May this issue provide you with helpful information that you can put to good use in 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, FAGC