

Liver Disease



The consumption of alcohol is very common in the United States. According to estimates, two-thirds of adults in the United States drink some alcohol, and the 12-month and lifetime prevalence rates of alcohol use disorder have increased in a recent US report. Although alcoholic hepatitis and/or cirrhosis do not develop in a majority of heavy drinkers, alcoholic liver disease is likely to rise in prevalence. This information, as well as other statistics on the burden of alcoholic liver disease, is presented in a feature article in this month's issue of *Gastroenterology & Hepatology*. In this comprehensive article, Drs Gene Y. Im and Michael R. Lucey examine important practical concerns and controversies associated with the diagnosis, prognosis, management, and treatment of patients with alcoholic hepatitis.

Our other feature article this month also focuses on liver disease. The results of a single-center veterans affairs (VA) study on sofosbuvir and simeprevir combination therapy for hepatitis C virus (HCV) are presented by Dr Seth N. Sclair, Dr Maria Del Pilar Hernandez, Ms Evan Vance, Dr Dani Gilinski, Dr Helen Youtseff, Dr Maribel Toro, Ms Marie Antoine, Dr Lennox J. Jeffers, and Dr Adam Peyton. As the authors note, over the past 10 years the number of veterans with HCV infection and cirrhosis has tripled, and the VA health care system is the largest care provider for HCV infection. The findings of this study add to the important literature on the treatment of HCV infection in US veterans.

Another liver disease is examined in our bimonthly HCC in Focus column. Drs Jean-Francois H. Geschwind and Julius Chapiro discuss the combination of sorafenib and transarterial chemoembolization for the treatment of hepatocellular carcinoma. They examine issues such as the rationale for this combination, recent observations from the GIDEON registry (as well as findings from other studies), the toxicity of the combination, dose adjustment, and whether the use of a particular type of transarterial chemoembolization or a specific sequence of the therapies affects outcomes.

Our coverage of liver disease continues in the Advances in Hepatology column. Dr Craig J. McClain discusses nutrition in patients with cirrhosis, including the most significant nutritional concerns; the role of diet; dietary guidelines involving sodium, protein, fructose, and fats; and the use of supplementation for various nutrient deficiencies.

Nutrition is also discussed in our Advances in IBD column, which focuses on vitamin D and inflammatory bowel disease. Dr Ashwin N. Ananthakrishnan examines whether vitamin D deficiency causes inflammatory bowel disease—or vice versa—as well as the effects of vitamin D on the severity and disease activity of inflammatory bowel disease. He also discusses the use of vitamin D supplementation and dietary intake of vitamin D, among other issues.

Diet also plays a role in this month's Advances in GERD column, which provides an overview of allergy testing in eosinophilic esophagitis. Dr Seema S. Aceves describes the relationship between foods and eosinophilic esophagitis, dietary therapies for the condition (including elimination diets), and food allergies in these patients. She also discusses the most common allergy tests used to evaluate eosinophilic esophagitis and related issues.

Finally, our Advances in Endoscopy column features an interview with Dr J. Enrique Domínguez-Muñoz. He examines endoscopic ultrasound elastography as well as its role in predicting pancreatic exocrine insufficiency and his studies on this issue. He also discusses the research needed to better diagnose and treat this condition.

I hope this issue provides valuable insights 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, FAGC