

Clostridium difficile Infection



In 2013, the Centers for Disease Control and Prevention classified *Clostridium difficile* as an urgent threat—that is, a high-consequence antibiotic-resistant threat that has the potential to become widespread and therefore needs urgent attention for the identification of infections and minimization of transmissions. Of the top 18 drug-resistant threats, the designation of urgency was given only to *C difficile* and 2 others: carbapenem-resistant Enterobacteriaceae and drug-resistant *Neisseria gonorrhoeae*. As noted in this month's issue of *Gastroenterology & Hepatology*, *C difficile* is currently the most commonly identified infectious cause of diarrhea. In a feature article, Dr Layth S. Al-Jashaami and Dr Herbert L. DuPont examine the treatment of initial and recurrent episodes of this infection.

This month's Advances in Hepatology column focuses on another public health threat. Dr John W. Ward discusses the goals and challenges associated with global elimination of hepatitis C virus (HCV). According to the World Health Organization, the goal is to eliminate HCV as a public health threat with large-scale reductions in transmissions, infections, and mortality. Dr Ward discusses current HCV transmission, screening, testing, and treatment, as well as the next steps for achieving elimination.

Our hepatology coverage continues in 2 other articles in this issue. In a feature article, Dr Abbey Barnard, Mr Peter Konyn, and Dr Sammy Saab examine metabolic complications—including hypertension, hyperlipidemia, obesity, diabetes mellitus, nonalcoholic fatty liver disease, and nonalcoholic steatohepatitis—in patients who have undergone liver transplantation. In our bimonthly HCC in Focus column, Dr Richard S. Finn discusses the role of liver biopsy in hepatocellular carcinoma, including how biopsy is guiding or stratifying some treatments and when this procedure is indicated in patients with this disease.

In our third feature article this month, Dr Yecheskel Schneider, Dr Monica Saumoy, Dr Shirley Cohen-Mekelburg, Dr Adam F. Steinlauf, and Dr Ellen J. Scherl examine the cost-effectiveness of the recently approved

biologic agent vedolizumab for the treatment of inflammatory bowel disease. As the authors note, treatment of patients with inflammatory bowel disease mandates use of significant health care resources, with cost estimated to exceed \$30 billion each year, for which biologic agents are responsible for a large part. The authors examine model construction, probability and cost inputs, and the choice of outcomes in the current literature on vedolizumab.

Our Advances in IBD column focuses on stem cell therapy for the treatment of perianal fistulas in patients with Crohn's disease. Dr Julian Panes discusses issues such as the dose, source, and delivery of stem cells, as well as any significant adverse events and contraindications, and the potential place of this novel therapy in the treatment algorithm for perianal fistulas.

Our Advances in GERD column, authored by Dr David A. Johnson, examines the possible association between proton pump inhibitors (PPIs) and dementia. PPIs are very commonly used, and have been regarded as very safe and effective. However, a recent study suggested that there may be a causal link between the diagnosis of dementia and PPI use. Dr Johnson discusses the validity of this allegation and provides discussion points for clinicians and concerned patients.

Finally, in our Advances in Endoscopy column, Dr Paul Fockens provides an illustrative overview of the endoscopic management of perforations in the gastrointestinal tract. He discusses the endoscopic options currently available for closing perforations, specific indications for over-the-scope clips and suturing devices, when surgical repair is required, and other related issues.

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, FACG