

Fecal Microbiota Transplantation: An Update



Once considered a medical curiosity, fecal microbiota transplantation is starting to become a fairly widespread practice for the treatment of *Clostridium difficile* infection. Can this procedure, in which screened and processed feces is transferred from a healthy donor to a patient, also be used in other settings to increase intestinal microbial diversity and restore a normal, protective microbiome? In a feature article in this month's issue of *Gastroenterology & Hepatology*, Dr Robert J. Gianotti and Dr Alan C. Moss review the use of fecal microbiota transplantation in patients with *C difficile* infection and examine the procedure's potential in patients with inflammatory bowel disease (IBD).

Fecal microbiota transplantation is also discussed in a Clinical Update column on the evidence-based approach to managing patients with initial or recurrent *C difficile* infection. Dr Stuart Johnson reviews the data currently available on this procedure as well as other treatment options for *C difficile* infection, including metronidazole, vancomycin, fidaxomicin, and the recently approved agent bezlotoxumab.

In another feature article, Dr Kalyan Ram Bhamidimarri, Dr Sanjaya K. Satapathy, and Dr Paul Martin examine the management of hepatitis C virus (HCV) infection before, during, and after liver transplantation. As the authors note, HCV infection is the leading cause of liver transplantation in the United States. However, treatment for HCV infection in the setting of liver transplantation is not one-size-fits-all. The authors review the published data of the currently available HCV treatment options for liver transplant recipients.

In our third feature article, Dr Gary W. Falk provides an overview of the current status of managing low-grade dysplasia in Barrett esophagus. He discusses the challenges associated with low-grade dysplasia, the risk of progression to high-grade dysplasia and/or adenocarcinoma, guidelines from several medical societies, the arguments for and against ablation therapy, and future considerations.

This month's Advances in Endoscopy column features the endoscopic management of Zenker diverticula. Dr Todd

H. Baron discusses traditional and alternative treatment approaches, the advantages and disadvantages of endoscopic management vs open surgery, adverse events, and the use of anesthesia in patients being treated for this condition, among other related issues.

In our Advances in IBD column, Dr Scott A. Strong outlines the management of the most common chronic complications that may occur following IBD surgery, such as inflammation of the anorectal cuff or anal transitional zone, recurrence of Crohn's disease, an out-of-circuit rectum, short-bowel syndrome, parastomal hernia, stoma prolapse, and parastomal ulcer. He also offers advice to gastroenterologists managing patients who have undergone IBD surgery and in terms of when to consult with surgeons.

Our Advances in Hepatology column highlights liver injury caused by supplements, particularly appearance- or performance-enhancing supplements as well as weight-loss supplements. In addition to other issues, Dr Victor J. Navarro describes the diagnosis, potential mechanisms, management, and reversibility of supplement-induced liver injury, as well as the regulatory framework and database compilation associated with it.

Finally, our bimonthly HCC in Focus column returns with an interview with Dr Philip J. Johnson on the BALAD-2 and GALAD biomarker models for hepatocellular carcinoma. He explains how and why these prognostic and diagnostic models were created, the study data currently available, and the advantages and disadvantages of the models, in addition to other issues.

I hope that these articles provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,

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