

# Achalasia



The esophageal motility disorder of achalasia was first described and treated by Sir Thomas Willis in 1672. Treatment consisted of dilation using a sponge attached to the tip of a whalebone. Achalasia is characterized by the absence of esophageal peristalsis and impaired lower esophageal sphincter relaxation. Even though achalasia is a rare disease, it is one of the esophageal motility disorders that has undergone the most comprehensive study. Nevertheless, certain aspects of this disease, such as its pathophysiology, still remain unknown. In a feature article in this month's issue of *Gastroenterology & Hepatology*, Dr Dhyanes A. Patel, Dr Brian M. Lappas, and Dr Michael F. Vaezi provide an overview of achalasia and its subtypes, including presentation, diagnosis, and treatment. Although cure is not possible, symptom palliation can be achieved in the vast majority of patients with the treatment options currently available.

The other 2 features in this issue focus on hepatocellular carcinoma (HCC). In one of the articles, Dr Ashil J. Gosalia, Dr Paul Martin, and Dr Patricia D. Jones discuss important recent advances as well as future directions associated with the management of patients with HCC. The authors start by reviewing the screening, diagnostic workup, and staging of HCC and then examine therapeutic options for this disease, including the curative treatments of surgical resection and liver transplant; locoregional treatments such as radiofrequency ablation/microwave ablation, transarterial chemoembolization, cryoablation, and radiotherapy; and the systemic chemotherapies of sorafenib and regorafenib.

Our other feature article on HCC has a narrower focus. Dr Sirisha Grandhe and Dr Catherine T. Frenette review the current literature on possible de novo and recurrent HCC following direct-acting antiviral (DAA) treatment for hepatitis C virus (HCV) infection. The authors discuss DAA treatments for patients with chronic HCV infection, the discrepancy regarding HCC occurrence following DAA treatment (including studies supporting this possible relationship as well as studies showing conflicting data), and possible mechanisms of tumor relapse.

Our hepatology coverage continues with our *Advances in Hepatology* column focusing on the treatment of alcoholic liver disease. Among other issues, Dr Timothy R. Morgan discusses the beneficial effects of

alcohol abstinence on alcoholic liver disease and whether cessation of alcohol is sufficient for treatment, the medical therapies currently available, as well as new therapies currently under study and whether liver transplantation has a role in these patients.

In our *Advances in Endoscopy* column, Dr Ian S. Grimm provides an overview of the use of peroral endoscopic myotomy (POEM) in patients with esophageal disorders. He discusses the evolution of this procedure, its indications, benefits, limitations, and complications, as well as how POEM compares to pneumatic dilation and laparoscopic Heller myotomy, among other issues.

Our *Advances in IBS* column, authored by Dr Christopher V. Almario, examines the use of digital health technology in terms of patient care and research for the field of gastroenterology, including irritable bowel syndrome. In his discussion, he covers the current status of digital health, platforms that represent advances in patient care and those that have applications beyond patient care, the potential disadvantages to sharing data, social media platforms, and other technology-driven platforms.

Vaccination of patients with inflammatory bowel disease (IBD) is the focus of our *Advances in IBD* column. Dr Francis A. Farraye examines the barriers and challenges to the vaccination of these patients, the importance of vaccination in this setting, the effect of immunosuppression on vaccination, which vaccinations are recommended for patients with IBD, vaccination resources that are available for gastroenterologists, and other aspects of this topic.

Finally, this issue also contains a brief case study section, authored by Dr Diego Vázquez Saldaña, Dr David Antonio Mateo de Acosta Andino, and Dr Juan Pablo Gurria, on a patient with a serous microcystic adenoma of the pancreas.

May 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