

Postoperative Recurrence of Crohn's Disease



Disease recurrence is a significant issue in many disorders, including Crohn's disease. In a feature article in this month's issue of *Gastroenterology & Hepatology*, Dr Shirley Cohen-Mekelburg, Dr Yechezkel Schneider, Dr Stephanie Gold, Dr Ellen Scherl, and Dr Adam Steinlauf discuss the recurrence and surveillance of postoperative Crohn's disease and review prophylactic medical strategies in this setting. As the authors note, despite significant recent pharmacologic advances, approximately half of Crohn's disease patients need surgical intervention within the first 10 years of their disease, and a substantial number of these patients experience disease recurrence within a year of their surgery. Thus, prophylactic therapy is commonly used following surgery in an attempt to prevent disease recurrence.

In another feature article, Dr Ganesh Pantham and Dr Kevin D. Mullen explore important practical issues involved in the management of patients with overt hepatic encephalopathy. This disorder develops in approximately one-third to nearly one-half of patients with hepatic cirrhosis. The authors examine the disease's clinical features and a 4-pronged management strategy entailing the identification and correction of precipitating factors, recognition and treatment of concomitant medical conditions, empiric treatment of the disease, and care of unconscious patients. Maintenance therapy in these patients and the role of diabetes and malnutrition are also discussed.

Microscopic colitis is the focus of our third feature article. Patients with this disorder have chronic watery diarrhea, a large bowel that is macroscopically normal, and abnormal histology. Collagenous colitis and lymphocytic colitis are distinct disease phenotypes that also share some epidemiologic and clinical features. In their article, Dr Karen Boland and Dr Geoffrey C. Nguyen review the incidence, risk factors, etiology, clinical features, diagnosis, and treatment of microscopic colitis, and present a diagnostic and therapeutic algorithm for disease management.

In our Advances in IBD column, Dr Russell D. Cohen discusses nonmedical switching of biosimilars in the second part of our 3-part series on biosimilars in inflammatory bowel disease. He examines the various types of switching studies, findings from single-switch studies, switching research in pediatric inflammatory bowel disease patients, physician and patient perceptions of biosimilar

switching, and the next steps in research, among other issues.

Our Advances in IBS column focuses on the Rome IV Multidimensional Clinical Profile (MDCP) and how it can improve the treatment of irritable bowel syndrome. Dr Douglas A. Drossman, president of the Rome Foundation, explains the changes made with the Rome IV criteria (in general and specifically in irritable bowel syndrome), why the MDCP was developed, and how the Rome IV Interactive Clinical Toolkit can help with the management of functional gastrointestinal disorders, along with other related issues.

In our Advances in Hepatology column, Dr Peter Ferenci examines the importance of early recognition of fulminant Wilson disease. Among other issues, he discusses the clinical features and cause of this disease, how quickly it develops, the challenges of identifying it and distinguishing it from other types of fulminant liver disease, and the effectiveness of liver transplantation for treatment of these patients.

In our Advances in Endoscopy column, Dr Sachin Wani provides an overview of advanced endoscopy training, including training changes that have taken place over the years, which procedures are most in demand for training, the association between learning curves and competency, didactic training vs computer-based self-learning, credentialing in advanced endoscopy, and the challenges facing advanced endoscopy training.

Finally, in a Clinical Update column, Dr David T. Rubin explores recent research on joint pain and arthritis in inflammatory bowel disease patients. Among other issues, he discusses the types of joint pain and arthritis that are common in inflammatory bowel disease patients, the possible etiology of these extraintestinal manifestations, various options for treatment, and recent findings and limitations of a post hoc analysis from GEMINI 2 on the use of vedolizumab in patients with Crohn's disease.

I hope you find these articles clinically useful.

Sincerely,

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