

Proton Pump Inhibitors



For nearly 3 decades, proton pump inhibitors have played an important role in the management of the upper gastrointestinal tract. In this month's issue of *Gastroenterology & Hepatology*, Dr Muhammad Ali Khan and Dr Colin W. Howden provide a comprehensive examination of the role that proton pump inhibitors have in the treatment of gastroesophageal reflux disease, Barrett esophagus, *Helicobacter pylori* infection, peptic ulcer bleeding, gastrointestinal bleeding associated with antiplatelet therapy and nonsteroidal anti-inflammatory drugs, dyspepsia, and eosinophilic esophagitis. The authors also address safety concerns of long-term use of proton pump inhibitors in these settings.

Our other feature article this month focuses on new and emerging drugs for the management of primary biliary cholangitis (PBC). Dr Runalia Bahar, Dr Kimberly A. Wong, Mr Chung H. Liu, and Dr Christopher L. Bowlus start by discussing ursodeoxycholic acid, the established first-line treatment option for PBC, and then examine obeticholic acid, which recently received accelerated approval for second-line treatment; fibrates, which are supported by growing evidence but require further safety and long-term research; and novel therapeutic agents such as NGM282 and seladelpar.

Our Advances in Hepatology column also focuses on recent developments in treatment. Dr Shyam Kottlil outlines how treatment duration has evolved from the first direct-acting antiviral agents to those currently being used for the management of hepatitis C virus infection. Among other issues, he discusses the main benefits of having a shorter treatment duration, factors that seem to predict sustained virologic response with short-duration treatment, and whether resistance is a significant concern in this setting.

In our Advances in GERD column, Dr Peter D. Siersema provides an overview of refractory benign esophageal strictures. His discussion includes how these types of strictures are defined, what treatment options

are available, how the appropriate treatment can be chosen (using a suggested treatment algorithm proposed by him and his colleagues), data on long-term results, the most common adverse events that may occur, and remaining research needs in this area.

Contraception in women with inflammatory bowel disease (IBD) is the focus of our Advances in IBD column. Among other issues, Dr Lori M. Gawron discusses the rate of contraceptive use in women with IBD; the effectiveness and safety of the various options; whether any medical or surgical IBD treatments affect the efficacy of contraception; and whether contraceptive use impacts IBD development, symptoms, or relapse.

In the Advances in Endoscopy column, Dr Michael B. Wallace discusses how to manage gastrointestinal stromal tumors (GISTs) that are incidentally found. He provides background information on GISTs (including how common they are, how often they are found incidentally, and where they are usually located) and examines various endoscopic treatments for these tumors (including the associated benefits, limitations, and learning curves), along with related issues.

Finally, in this issue, there is an opinion piece by Dr Chimi L. Fosso and Dr Eamonn M. M. Quigley on the current clinical landscape of gastroparesis. The authors discuss the history, symptoms, and tests associated with this condition and attempt to outline what should and should not constitute clinically important gastroparesis.

May this issue provide you with helpful information that you can put to good use in your clinical practice.

Sincerely,

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