

Third-Space Endoscopy



The last few decades have seen significant improvements in the capabilities of gastrointestinal endoscopy. One example is the ability to gain access to the second space (peritoneal cavity) and the third space (intramural or submucosal space). In this month's issue of *Gastroenterology & Hepatology*, one of our feature articles highlights recent developments in the operating field of third-space endoscopy. Dr Zaheer Nabi, Dr D. Nageshwar Reddy, and Dr Mohan Ramchandani examine peroral endoscopic myotomy, submucosal tunneling endoscopic resection, gastric peroral endoscopic pyloromyotomy, and other third-space endoscopy procedures, with reference to possible adverse events that may occur and the various pieces of equipment and accessories that are needed for these procedures.

Our other feature article this month explores the assessment of dysplasia in Barrett esophagus, the precursor lesion to esophageal adenocarcinoma. Dr Seth A. Gross, Dr Joseph Kingsbery, Dr Janice Jang, Dr Michelle Lee, and Dr Abraham Khan examine the current diagnostic and surveillance strategies for Barrett esophagus, as well as endoscopic methods for the evaluation of this condition and advanced imaging methods (including narrow-band imaging, chromoendoscopy, confocal laser endomicroscopy, and volumetric laser endomicroscopy) for early neoplasia detection in the setting of Barrett esophagus.

Our coverage of Barrett esophagus continues in our Advances in GERD column, which focuses on the use of optical coherence tomography for this condition. Dr Vivek Kaul starts with an overview of this modality and then discusses its role in Barrett esophagus (including its benefits, limitations, risks, required training, and accuracy in the detection and diagnosis of buried Barrett glands or dysplasia), along with related issues.

In our Advances in Hepatology column, Dr Andrew Aronsohn examines the potential of eliminating hepatitis B and C virus infections. Among other issues, he discusses the biggest barriers; several targets; the roles of the state

and federal governments; and improvements that are needed regarding transmission, screening, testing, access to treatment, and service delivery.

Our Advances in IBS column focuses on mast cells in the setting of irritable bowel syndrome. Dr Guy E. Boeckstaens explores the pathogenesis of irritable bowel syndrome (including how the interaction between nerves and mast cells can influence pathogenesis), the roles of mast cells in the gastrointestinal tract (and specifically in mucosal immunity and low-grade inflammation), and therapeutic targeting of mast cells, among other issues.

In our Advances in IBD column, Dr Brian Feagan discusses the safety and positioning of vedolizumab, including its side-effect profile, its mechanism of action, differences in safety between this agent and other inflammatory bowel disease treatments, real-world experiences with the agent, where it should be positioned in the inflammatory bowel disease armamentarium, and its use in clinical practice.

Finally, the risk of hepatocellular carcinoma (HCC) in patients with nonalcoholic steatohepatitis (NASH) is examined in our HCC in Focus column, authored by Dr Michael Charlton. His discussion includes the current understanding of the relationship between these conditions, the mechanisms that might trigger HCC in the setting of NASH, the role of biomarkers in determining HCC risk in NASH patients, and the best method for imaging these patients.

May this issue provide you with helpful information that you can put to good use in 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