

Chronic Kidney Disease and Hepatitis C Virus Treatment



Chronic kidney disease (CKD) is a significant health issue in the United States. According to the Centers for Disease Control and Prevention, approximately 30 million US adults are affected by this condition. This issue of *Gastroenterology & Hepatology* explores the important relationship between CKD and hepatitis C virus (HCV) infection. Dr Melissa Corson, Ms Ashley Moch, and Dr Sammy Saab note that HCV infection is a risk factor for morbidity and mortality in patients who have CKD and that CKD increases the risk of developing HCV infection. The authors examine the current literature on the various approved direct-acting antiviral regimens for HCV infection in patients who also have CKD, as well as in patients who have undergone kidney transplantation.

Another feature article this month is the first of a 2-part series on primary sclerosing cholangitis. In this part, Dr James H. Tabibian, Dr Ahmad H. Ali, and Dr Keith D. Lindor look at the epidemiology, etiopathogenesis, clinical features, treatment, associated disorders, and surrogate endpoints of this condition. The article also includes a comprehensive summary of the main findings of completed and ongoing clinical trials for the treatment of primary sclerosing cholangitis.

Endoscopy is the focus of our third feature article. Dr Shannon J. Morales, Dr Kartik Sampath, and Dr Timothy B. Gardner examine the prevention of pancreatitis that can develop following endoscopic retrograde cholangiopancreatography (ERCP). The authors discuss appropriate patient selection for ERCP, the most common patient- and procedure-related risk factors for post-ERCP pancreatitis, various ERCP techniques, prophylactic measures (such as pancreatic duct stent placement and rectal nonsteroidal anti-inflammatory drug use), and treatment of post-ERCP pancreatitis.

Our endoscopy coverage continues with an interview on tattooing in the colon in our Advances in Endoscopy column. Dr Douglas K. Rex discusses the reasons for endoscopically tattooing the colon; which lesions should be marked; the various types of ink and dye that can be used (and how they compare); the various injection

techniques that are available; and the benefits, limitations, and complications associated with tattooing in the colon, among other issues.

The relationship between diet and irritable bowel syndrome (IBS) is explored in our Advances in IBS column. Along with other issues, Dr William D. Chey discusses the proposed pathways between food intolerance and IBS symptoms; the benefits, limitations, and phases of the low-fermentable oligo-, di-, and monosaccharide and polyol diet; other dietary therapies for IBS; whether the subtype of IBS affects the choice of dietary treatment; and if it is possible to determine which patients might benefit from a particular diet.

An update on the use of fecal microbiota transplantation (FMT) for the treatment of inflammatory bowel disease (IBD) is provided by Dr Paul Moayyedi in our Advances in IBD column. He discusses the rationale for trying to use FMT in this setting, the most recent study findings in this area, the various delivery methods and preparation processes that have been investigated, and safety concerns associated with this procedure, among other issues.

Finally, in our Advances in Hepatology column, Dr Paul J. Pockros highlights important issues in the management of patients after they have achieved sustained virologic response for HCV infection. He discusses when follow-up is needed in these patients for conditions such as esophageal varices, hepatocellular carcinoma, and reactivated hepatitis B virus infection, and provides other recommendations on how to best manage these patients.

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