

# J-Pouch–Related Complications



Being able to recognize and diagnose complications is an important component of patient management. This month's issue of *Gastroenterology & Hepatology* includes a feature article on the various complications associated with J-pouch surgery (also known as ileal pouch–anal anastomosis). Dr Freeha Khan and Dr Bo Shen provide a comprehensive overview of these complications, which include structural complications such as anastomotic stricture, afferent limb syndrome, acute anastomotic leak, pelvic abscess, and pouch fistula; inflammatory complications such as pouchitis, Crohn's disease of the pouch, and cuffitis; and functional complications such as irritable pouch syndrome, paradoxical contraction, and gastrointestinal pouch inertia. In addition, the authors propose a diagnostic algorithm of J-pouch–related complications.

Pharmacologic treatment is the focus of our other feature article this month. There are currently no pharmacologic treatments approved by the US Food and Drug Administration (FDA) for the management of nonalcoholic steatohepatitis (NASH). Dr Brent A. Neuschwander-Tetri examines the use of pioglitazone and vitamin E (2 treatments that are currently available and that are among the most-studied to date for NASH) and then concentrates on the numerous pharmacologic agents currently undergoing clinical investigation that address the different mechanisms by which NASH and NASH-induced cirrhosis can develop. Within the next few years, several of these drugs may receive FDA approval.

Our hepatology coverage continues with our Advances in Hepatology column, which centers on liver transplantation involving patients and/or donor livers with active hepatitis C virus (HCV) infection. Among other issues, Dr David Goldberg discusses whether direct-acting antiviral agents should be administered for HCV treatment prior to or following liver transplantation, the research conducted to date on HCV-viremic to non-HCV-viremic liver transplantation, and the various

benefits and concerns associated with this type of transplantation.

Medical cannabis for the management of inflammatory bowel disease (IBD) is featured in our Advances in IBD column. Dr Jami Kinnucan discusses the current legal status of cannabis, the studies conducted to date on the effects of medical cannabis on symptoms and disease activity in patients with Crohn's disease or ulcerative colitis, concerns with short- and long-term medical cannabis use, and advice for managing IBD patients considering this therapeutic approach, along with related issues.

In our Advances in Endoscopy column, Dr William R. Brugge examines endoscopic management of pancreatic cysts. His interview focuses on the 2 main endoscopic ultrasound–guided ablation techniques used in this area (one with alcohol injection and the other with radiofrequency ablation) and their advantages and disadvantages compared with standard surgical intervention, their associated adverse events, their safety and efficacy, their contraindications, the required follow-up care, and the next steps in research.

Long-term proton pump inhibitor (PPI) use is the focus of our Advances in GERD column. Along with related issues, Dr Philip O. Katz discusses the safety and efficacy of long-term PPI therapy, the potential adverse events that may occur, the strength of the evidence supporting these associations, which patients are more susceptible to the adverse events or side effects, and other therapeutic approaches for patients who do not want to take PPIs long term.

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, FAGC