

Dietary Treatment of Eosinophilic Esophagitis



Which diet is most effective for the treatment of eosinophilic esophagitis? A feature article in this month's issue of *Gastroenterology & Hepatology* examines this question by reviewing the use of the elemental diet, the allergy testing-directed diet, and the empiric elimination diet in patients with eosinophilic esophagitis. In this article, Dr Nirmala Gonsalves highlights the use of dietary therapy to treat this disease, including identifying and eliminating possible food triggers and controlling symptoms. She also discusses the clinical, endoscopic, and histologic features of eosinophilic esophagitis, as well as its diagnostic criteria.

In our other feature article this month, Dr Nyan L. Latt examines how to manage patients infected with hepatitis C virus (HCV) who have concurrent chronic kidney disease (CKD), including those who need or have undergone kidney transplantation. The emergence of the current direct-acting antiviral agents has resulted in safe and effective HCV treatment options for this patient population. This article reviews recommendations for HCV-infected patients with different stages of CKD, as well as recommendations involving kidney transplantation, including the use of Public Health Service Increased Risk donors and HCV-infected donors.

In our Advances in GERD column, Dr Jacques Van Dam examines spectroscopy, an intriguing diagnostic tool for esophageal diseases. Among other issues, he discusses the most common esophageal indications for spectroscopy; different types of this tool, such as fluorescence spectroscopy, light-scattering spectroscopy, and Raman spectroscopy; and the associated benefits and limitations.

Endoscopic ultrasound (EUS)-guided liver biopsy is the focus of our Advances in Endoscopy column, which is contributed by Dr David L. Diehl. The column includes the various approaches currently being used for liver tissue sampling; the ideal candidate for EUS-guided

liver biopsy; how the procedure is performed; and its advantages, disadvantages, tissue yield, safety, adverse events, and learning curve.

Endoscopy is also a part of our Advances in IBD column. Dr Bo Shen discusses the most common structural complications that may occur after pouch surgery, how they were traditionally treated, how they can be treated via endoscopic therapies (such as endoscopic balloon dilation, endoscopic stricturotomy, and endoscopic sinusotomy), and which therapeutic approach should be used as first-line treatment, along with related issues.

In our Advances in Hepatology column, Dr Stuart C. Gordon examines the detection and treatment of HCV infection in rural communities. He discusses the epidemiologic increase in HCV infection in these areas as well as various strategies that have been considered for reducing associated barriers (eg, the use of electronic medical records, telemedicine, and mechanisms to reduce treatment cost), among other issues.

Finally, this month's Clinical Update column highlights fecal lactoferrin. Dr Bincy P. Abraham discusses the numerous uses of fecal lactoferrin testing (including in the differentiation of inflammatory bowel disease [IBD] from irritable bowel syndrome, the monitoring of IBD activity, and the initial evaluation of IBD severity), its advantages compared with blood biomarkers and fecal calprotectin, its role in children and pregnant women with IBD, and its limitations, along with related issues.

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 letters of the first and last names being capitalized and prominent.

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