

Endoscopic Management of Gastroesophageal Reflux Disease



Gastroesophageal reflux disease (GERD) is a common disorder that is often treated with medical therapy; however, endoscopic therapy is becoming more popular for the treatment of this condition. In this month's issue of *Gastroenterology & Hepatology*, Dr Ronnie Fass highlights the endoscopic management of patients with GERD in our Advances in Endoscopy column. Along with related issues, he discusses the different endoscopic treatment options currently available, their main benefits and challenges, their most common adverse events, and their contraindications, as well as whether symptom recurrence and repeat interventions are common and how effective endoscopic therapies are compared to other types of interventions for the treatment of GERD.

One of our feature articles this month focuses on the use of mucosal healing as a treatment goal in patients with Crohn's disease. Dr Michael F. Picco and Dr Francis A. Farraye examine the various outcomes of mucosal healing, the tools other than ileocolonoscopy (such as radiographic imaging, capsule endoscopy, and serum and stool biomarkers) that can be used for evaluation, and the ability of different types of treatments (including corticosteroids, immunomodulators, anti-tumor necrosis factor therapies, antibodies to integrins, and anti-interleukin-12/-23 therapy) to attain this goal.

In our other feature article, a team from Australia examines immune activation in functional gastrointestinal disorders. Ms Grace Burns, Ms Jennifer Pryor, Dr Gerald Holtmann, Dr Marjorie M. Walker, Dr Nicholas J. Talley, and Dr Simon Keely review the interaction between the immune system, microbiota, and luminal environment in functional gastrointestinal disorders, as well as propose emerging immune pathways. The authors also provide a pictorial representation of hypothesized immune responses and links to functional gastrointestinal disorders.

Our Advances in Hepatology column focuses on the current management of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo an invasive procedure. Among other issues, Dr Sammy Saab discusses the roles of avatrombopag and lusutrombopag in this setting, how their dosing schedules affect the planning of procedures, important clinical trial findings, and whether there are any drug-drug interactions or food-drug interactions with these thrombopoietin receptor agonists.

Biologic combinations are examined in our Advances in IBD column, which is authored by Dr Maria T. Abreu. Her discussion includes the rationale for considering such combinations in patients who have inflammatory bowel disease, biologic combinations that might be effective, whether combining biologic agents might cause an increase in the risk of infection or any other safety issues, the research currently available in this area, and the priorities of future research.

Finally, our Advances in GERD column focuses on the use of endoscopic ultrasound in patients who have esophageal cancer. Among other issues, Dr Douglas O. Faigel discusses when and how this tool became an option for the evaluation and staging of esophageal cancer, its role in superficial and advanced cancer of the esophagus, its accuracy for assessing lymph nodes, and its use in patients who have undergone radiation and chemotherapy.

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, FACG