

Reactivation of Hepatitis B Virus Infection



Reactivation or recurrence of a patient's disease is a frequent challenge that we face as doctors. In this month's issue of *Gastroenterology & Hepatology*, one of our feature articles explores the reactivation of hepatitis B virus (HBV) infection, specifically in terms of patients who are taking immunosuppressive drug therapy (including B-cell-depleting agents, cancer chemotherapy, and direct-acting antiviral agents for hepatitis C virus [HCV] infection). Dr Jessica Su and Dr Joseph K. Lim review the current literature and compare guidelines from different societies regarding the assessment and treatment of HBV reactivation in this setting, as well as discuss screening recommendations, risk stratification, prophylaxis, and surveillance.

Our other feature article this month centers on serious and opportunistic infections in inflammatory bowel disease (IBD) patients who are elderly. As Dr Elissa Lin, Mr Kevin Lin, and Dr Seymour Katz note, IBD therapy may increase the risk of these infections in elderly patients. The authors examine the risk of infection associated with various therapeutic options for IBD and the different serious and opportunistic infections that may occur in elderly patients. Also discussed are prevention (including vaccine recommendations), screening, and treatment of infections, as well as differentiation of enteric infection from IBD flare.

Our IBD coverage continues with our Advances in IBD column, which focuses on the restarting of biologic treatment in IBD patients who have taken a drug holiday. Among other issues, Dr David T. Rubin discusses when biologic agents should be restarted, why this treatment strategy is now being considered, whether premedication is needed with the restarted therapy, and the research currently available on long- and short-term response in these patients. He also shares an algorithm used by his institution for restarting infliximab.

Our Advances in Hepatology column provides an update on managing patients who have both HCV infection and cirrhosis. Dr Paul J. Pockros discusses the challenges of treating these patients, study data on the current 12-week treatments and the 8-week treatment recently approved by the US Food and Drug Administration (FDA), the benefits and challenges of having a shorter treatment duration, and a recent FDA drug safety communication, along with related issues.

The relationship between allergies and irritable bowel syndrome (IBS) is explored in our Advances in IBS column, which is authored by Dr Nicholas J. Talley. His discussion includes the current understanding of this relationship, the role of mast cells in IBS pathogenesis, whether an allergist should be consulted for IBS patients, which types of food may induce IBS symptoms, and how such symptoms can be managed.

Finally, our Advances in Endoscopy column examines different alternative approaches that can be used to assist endoscopic retrograde cholangiopancreatography in patients who have undergone Roux-en-Y gastric bypass. Among other issues, Dr Todd H. Baron compares the various techniques (including laparoscopic-assisted, device-assisted, and endoscopic ultrasound-guided approaches), discusses how to select the best approach, and explains what training is needed to perform each technique.

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