

Functional Dyspepsia

Functional dyspepsia can frequently be difficult to diagnose and treat due to factors such as symptom overlap with other conditions and poor response to the current treatment options. This month's issue of *Gastroenterology & Hepatology* includes a feature article on this challenging condition, which can be subclassified into postprandial distress syndrome and epigastric pain syndrome. Dr Kimberly N. Harer and Dr William L. Hasler provide a comprehensive review of functional dyspepsia, including its definition, clinical presentation, etiology, and diagnostic evaluation, as well as the various treatment options currently available (eg, proton pump inhibitors, neuromodulators, prokinetics, fundus-relaxing agents, and herbal therapies). The authors also present a helpful treatment algorithm.

Our other feature article focuses on de novo extraintestinal manifestations in patients with inflammatory bowel disease (IBD) who initiate vedolizumab therapy. Dr Liege I. Diaz, Dr Tara Keihanian, Dr Ingrid Schwartz, Dr Su Bin Kim, Dr Fernando Calmet, Dr Maria Alejandra Quintero, and Dr Maria T. Abreu discuss the findings of their retrospective chart review, including the most common extraintestinal manifestations (ie, arthralgias, perianal fistula, and pyoderma gangrenosum). The authors note that additional research is needed.

Our IBD coverage continues with our Advances in IBD column, which examines the current status of fecal calprotectin use in the management of this disease. Along with related issues, Dr Marc Ferrante discusses the different methods that can be used to measure fecal calprotectin and how fecal calprotectin can aid in the diagnosis of IBD, the evaluation of disease activity and treatment response, and the prediction of events such as relapse and postoperative disease recurrence.

The treatment of hepatitis B virus infection is highlighted in our Advances in Hepatology column. Dr W. Ray Kim examines the current treatments and their limitations, as well as drugs in development, including

entry inhibitors, small interfering RNAs, capsid inhibitors, and hepatitis B surface antigen inhibitors. He also discusses issues such as whether a combination of drugs will be needed and whether functional cure is feasible within the next 5 years.

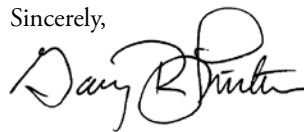
Our Advances in GERD column features an interview with Dr Prateek Sharma on diagnostic testing for Barrett esophagus. He discusses the relationship between Barrett esophagus and esophageal cancer, how patients can be screened for Barrett esophagus, the benefits and limitations of using endoscopy with biopsy, and tools in the pipeline for diagnosing Barrett esophagus, along with related issues.

This month's Advances in Endoscopy column highlights the endolumenal functional lumen imaging probe EndoFLIP, which is a measurement catheter. Among other issues, Dr Kristle L. Lynch discusses EndoFLIP's development, current indications, various clinical applications, main benefits and limitations, and future role. She also discusses the related dilation catheter EsoFLIP and the priorities of research.

Finally, this month's issue includes a How I Treat article. Dr Kenneth K. Wang examines the management of Barrett esophagus when endoscopic ablation fails, highlighting his own preferences. He reviews the use of photodynamic therapy, cryotherapy, endoscopic resection, and thermal ablation options such as focal radiofrequency ablation and argon plasma coagulation, and compares methods in a useful table.

I hope that you enjoy these articles and find them interesting and clinically useful.

Sincerely,



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

