

The Possible Relationship Between Irritable Bowel Syndrome and Inflammatory Bowel Disease



Is there an overlap between irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD)? This question is explored in this month's issue of *Gastroenterology & Hepatology*. In our Advances in IBS column, Dr Alexander C. Ford discusses the main similarities and differences between the diseases, how common it is for IBD patients to have IBS-type symptoms, how patients with overlapping symptoms should be managed, and whether the diseases can be considered part of the same disease process, along with related issues.

One of our feature articles this month highlights the management of patients who have refractory gastroesophageal reflux disease. Dr Rishi D. Naik, Dr Matthew H. Meyers, and Dr Michael F. Vaezi note that gastroesophageal reflux disease is currently the most common gastrointestinal disorder in the United States. Although proton pump inhibitor therapy can be effective, not all patients with gastroesophageal reflux disease symptoms respond. The authors examine the differential diagnosis for refractory gastroesophageal reflux disease, how suspected patients should be evaluated, and the different options for medical, endoscopic, and surgical treatment of these patients.

Our other feature article this month provides a comprehensive overview of alcoholic hepatitis. Dr Mack C. Mitchell, Dr Thomas Kerr, and Dr H. Franklin Herlong examine the definition, risk factors, prognosis, and pathogenesis of this disease, and then focus on current and future therapy. Among the various treatments discussed are glucocorticoids, pentoxifylline, anti-tumor necrosis factor α therapy, and liver transplantation, as well as novel therapies such as obeticholic

acid, metadoxine, caspase inhibitors, probiotics, fecal microbiota transplantation, and immunoglobulin-rich bovine colostrum.

Our hepatology coverage continues with our Advances in Hepatology column. Dr Lisa B. VanWagner examines the use of the transjugular intrahepatic portosystemic shunt (TIPS) procedure in patients with portal hypertension. She discusses several important issues, such as the traditional treatment of portal hypertension, which patients are candidates for the TIPS procedure, when the procedure should be considered, its impact on ascites and cardiac function, possible complications that may occur, and findings from the ALTA Consortium.

Finally, our Advances in IBD column focuses on mucosal healing in patients with ulcerative colitis and Crohn's disease. Dr Laurent Peyrin-Biroulet discusses the evolution of the definition of mucosal healing, the correlation between mucosal healing and disease activity, whether complete mucosal healing should be the ultimate treatment goal, tools that can be used for evaluation, and the optimal time for assessment, 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 name being the most prominent.

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