

Spotlight on Barrett Esophagus



Two articles in this month's issue of *Gastroenterology & Hepatology* highlight the management of Barrett esophagus. This precancerous condition of the esophagus is well recognized to be a precursor to esophageal adenocarcinoma, which has a very poor prognosis and is one of the fastest-growing cancers. One of our feature articles focuses on alternative screening methods and tools for Barrett esophagus. As Dr Apoorva Krishna Chandar, Dr Anamay Sharma, and Dr Amitabh Chak note, esophagogastroduodenoscopy is currently the gold standard for the detection of Barrett esophagus, but it has a number of disadvantages. The authors examine the advantages and disadvantages of several alternative screening methods and tools, including transnasal endoscopy, esophageal capsule endoscopy, sponge-on-string devices such as Cytosponge and EsophaCap, and the encapsulated balloon device, EsoCheck.

Our Advances in GERD column also involves Barrett esophagus, specifically the recurrence of this condition after endoscopic therapy. Dr Prasad G. Iyer discusses standard treatment for Barrett esophagus, how commonly this condition recurs after endoscopic ablative therapy, when recurrence is more likely, how to detect recurrent disease, recommended surveillance after treatment, and whether any measures can help reduce or prevent recurrence, among other issues.

Our other feature article focuses on the treatment of the rare and incurable esophageal motility disorder of achalasia. In addition to examining the epidemiology, pathophysiology, and diagnosis of this condition, Dr Joel E. Richter reviews the different treatment options that are currently available, including

pharmacologic therapy such as botulinum toxin A, pneumatic dilation, laparoscopic Heller myotomy, and peroral endoscopic myotomy. He also discusses how treatment can be tailored to individual patients.

Our Advances in Endoscopy column provides an update on the use of cholangioscopy. Along with related issues, Dr Paul R. Tarnasky discusses the therapeutic and diagnostic indications for performing cholangioscopy, the evolution of this field, the limitations of early systems and the improvements of the current systems, the use of digital single-operator cholangioscopes and the multibending endoscope, and the development of related accessories.

Finally, our NASH in Focus column explores emerging treatment options for patients with nonalcoholic steatohepatitis. Dr Michael Charlton discusses why so many targets and drugs are being studied for the treatment of this condition, some of the most promising drugs and therapeutic approaches under investigation, the challenges of drug development in this field, the role of combination therapy, and how effectiveness will be monitored, among other 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