

Managing Hospitalized Patients Who Have Moderate to Severe Inflammatory Bowel Disease



How should we manage hospitalized patients with moderate to severe inflammatory bowel disease (IBD)? This important question is explored in a review article in this month's issue of *Gastroenterology & Hepatology*. Dr Sara Lewin and Dr Fernando S. Velayos provide a comprehensive day-by-day guide on how to manage these inpatients. In addition to providing helpful checklists for each day of hospital admission, the authors describe daily recommendations that cover various issues, including laboratory and radiographic evaluation, medication review, nutrition, management of pain, and discharge criteria and planning. The authors also discuss different medical rescue therapies, as well as the management of stricturing Crohn's disease and Crohn's abscess.

Our other review article highlights the endoscopic treatment of gastroparesis, a condition for which there are currently limited medical and surgical therapies. Among the endoscopic therapies examined by Dr Kevin Liu, Dr Thomas Enke, and Dr Aziz Aadam are endoscopic placement of enteral feeding tubes, intrapyloric botulinum toxin injection, transpyloric stenting, gastric peroral endoscopic myotomy, and gastric electrical stimulation. The authors review how these treatments are performed and examine the research currently available on them. In addition, the authors provide several helpful accompanying images and consider potential endoscopic treatments for gastroparesis that need to be investigated further.

Our endoscopy coverage continues with an interview with Dr Heiko Pohl on polypectomy in our Advances in Endoscopy column. His discussion includes indications for polypectomy and how to select lesions for endoscopic resection rather than surgery, adverse events that may occur (in particular, bleeding), factors that impact bleeding (whether it is acute or delayed) and what is considered

a bleeding event, and studies on the use of endoscopic clipping to decrease bleeding following polypectomy, among other issues.

Our Advances in IBD column focuses on sexual issues and fertility in men with IBD. Dr Muhammad B. Hammami examines research on the relationship between IBD and sexual function in male IBD patients, as well as whether factors such as IBD surgery, disease activity, and medications may be associated with sexual dysfunction in this patient population. He also discusses infertility and voluntary childlessness in male patients who have IBD, and whether IBD medications may impact their fertility. In addition, he discusses how sexual dysfunction can be managed and offers recommendations for men with IBD who want to have children.

Finally, our Advances in Hepatology column highlights liver transplantation in the coronavirus disease 2019 (COVID-19) era. Dr K. Rajender Reddy discusses how COVID-19 has impacted issues such as the evaluation process, organ donation and procurement, and the management of patients following liver transplantation. He also discusses whether particular subgroups, such as patients awaiting liver transplantation, liver transplant recipients, and immunosuppressed patients, are at greater risk of becoming infected with COVID-19, along with related issues.

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

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, FAGC