

Inflammatory Bowel Disease and Pregnancy



Should we modify our treatment of patients with inflammatory bowel disease (IBD) when they are pregnant? This question is explored in the Advances in IBD column in this month's issue of *Gastroenterology & Hepatology*. Dr Uma Mahadevan discusses issues such as whether biologics should be stopped during pregnancy or while breastfeeding, and whether babies exposed to biologics in utero have different responses to inactive vaccines compared with babies who were not exposed to biologics in utero. She also examines pregnancy outcomes in patients with IBD, the association between disease activity and pregnancy complications, and the effects of pregnancy on Crohn's disease vs ulcerative colitis, along with related issues.

Our coverage of IBD continues with a review article on the treatment of patients with high-risk ulcerative colitis. Dr David T. Rubin, Dr Cindy Traboulsi, and Ms Victoria Rai define high-risk ulcerative colitis and discuss assessment of disease activity and disease severity, as well as indicators of high-risk disease. The authors provide a comprehensive guide for treating high-risk ulcerative colitis in both the outpatient and inpatient settings and examine the different treatment options currently available, along with relevant study data, as well as alternative and emerging approaches.

In this issue, we also explore the use of advanced endoscopy in the field of hepatology. In a review article, Dr Mahmoud Mahfouz, Dr Sunil Amin, and Dr Andres F. Carrion highlight the techniques of endoscopic ultrasound (EUS)-guided liver biopsy, EUS-guided portal pressure gradient measurement, EUS-guided therapy for gastric varices, and EUS elastography, and examine important recent research that focuses on the use of these techniques in the assessment and management of various liver diseases. The authors also discuss the future directions of advanced endoscopic techniques in hepatology.

Additional endoscopy-related content this month focuses on the issue of difficult colonoscopies. These are a challenge for practitioners because they may result in longer-than-expected procedure times, incomplete procedures, and higher risks to patients undergoing these

procedures. Practitioners cannot always predict who will have a challenging colonoscopy, and/or the reason for the difficulty may be uncertain. In our Advances in Endoscopy column, Dr Rabindra R. Watson discusses how anatomic factors, sedation, and the adequacy of the colon preparation can impact the difficulty encountered by a practitioner performing a colonoscopy. He also reviews how practitioners can improve cecal intubation rates, whether certain devices and accessories can help practitioners with a difficult colonoscopy, and what data and limitations are associated with these devices, as well as related issues.

Finally, this month's issue includes 2 columns involving hepatology. In our Advances in Hepatology column, Dr Rodrigo Vianna provides an overview of liver transplantation in 2021. He discusses the most prevalent indications for liver transplantation at the present time, the biggest challenges currently encountered with liver transplants, and liver transplantation during the coronavirus disease 2019 pandemic. He also discusses issues such as whether patients infected with hepatitis C virus (HCV) should be treated for HCV before or after liver transplantation and whether there is still value to abstinence from alcohol ingestion for 6 months (ie, the 6-month rule) prior to liver transplantation in patients with alcoholic liver disease. In our HCC in Focus column, Dr Fadi Braiteh examines the use of nivolumab and ipilimumab combination therapy in the setting of hepatocellular carcinoma. Among other issues, he discusses the rationale for using these agents in combination, the most common adverse events that may occur, the place of this combination in the treatment algorithm for hepatocellular carcinoma, and the next steps in research.

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