

Management of Patients Hospitalized for Acute Severe Ulcerative Colitis



How should we manage patients who require hospitalization for acute severe ulcerative colitis? This question is the focus of the Advances in IBD column in this month's issue of *Gastroenterology & Hepatology*. Dr Joseph Feuerstein provides a comprehensive overview of the management of these patients, including indications for hospitalization, appropriate tests and evaluations that are needed (such as stool studies, laboratory tests, imaging, and medication history), initial and rescue therapies, assessment of treatment response, indications for surgery, and discharge from the hospital. He also discusses other important issues in the hospital management of these patients, including deep vein thrombosis prophylaxis, pain management, and depression management.

One of our review articles this month also involves inflammatory bowel disease. Dr Anna M. Buchner examines the current status of endoscopic management of complex lesions in patients who have inflammatory bowel disease. She emphasizes that patients with inflammatory bowel disease have an increased risk of colitis-associated dysplastic lesions. She also reviews the specifics of appropriate patient treatment and gives a critical and comprehensive overview of advanced management with endoscopic mucosal resection or endoscopic submucosal dissection for certain distinct complex dysplastic lesions. Finally, she reviews recent studies on these advanced techniques, which are increasing in use in the United States.

Our other review article highlights cholangioscopy. Dr Amith Subhash, Dr Alexander Abadir, Dr John M. Iskander, and Dr James H. Tabibian explore the current applications of cholangioscopy, which include the

management of difficult bile duct stones, indeterminate biliary strictures, and dominant strictures in primary sclerosing cholangitis, as well as the preoperative evaluation of neoplasms and ablation of biliary tumors. The authors also examine the limitations of cholangioscopy, including adverse events, cost, and the lack of standardized cholangioscopic classification, and discuss future applications and directions.

Our Advances in IBS column explores the treatment of chronic constipation via nonmedical approaches. Dr Shanti Eswaran discusses the various nonmedical treatments that are currently available (including lifestyle modification, fiber and fiber preparations, prunes, and kiwifruit) and their advantages and disadvantages (such as possible adverse events). She also discusses research on nonmedical therapies and whether they can be used in conjunction with medical treatments, among other issues.

Finally, our Advances in Endoscopy column focuses on duodenoscopy infections. Along with related issues, Dr Susan Hutfless discusses the challenges of determining the incidence and causality of these infections, which patients are at greatest risk, how clinicians can aid with surveillance of infection and use preventive measures, and alternatives to standard duodenoscopes.

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