

Managing Renal Dysfunction in Patients Who Have Cirrhosis



How should renal dysfunction be managed in patients who have cirrhosis? This question is explored in a review article in this month's issue of *Gastroenterology & Hepatology*. As Dr Nathalie A. Pena Polanco, Dr Paul Martin, and Dr Andres F. Carrion note, renal dysfunction is common in patients who have advanced liver disease and is associated with poor outcomes and an unfavorable prognosis. The authors provide a comprehensive overview of renal dysfunction in this setting, including its diagnosis, pathophysiology, management, and prognosis. They examine possible interventions such as volume expansion, different vasoconstrictors, renal replacement therapy, and use of the transjugular intrahepatic portosystemic shunt procedure. They also review simultaneous liver-kidney transplantation, which has increased in the United States over the last decade.

Our other review article this month looks at the consumption of alcohol in patients who have inflammatory bowel disease (IBD). Alcohol use is common in this patient population and the rate of use is similar to that of the general population. However, it has been reported that alcohol is the dietary item that patients with IBD avoid the most. Dr Guilherme Piovezani Ramos and Dr Sunanda Kane examine the research currently available on alcohol and IBD development, relapse, gastrointestinal symptoms, and potential interactions with IBD-specific medications. They also note the need for further research.

Our Advances in GERD column highlights recent developments in the screening for Barrett esophagus. Dr David M. Poppers discusses which patients have the greatest risk for this condition and progression to esophageal adenocarcinoma, as well as how doctors can

identify who would benefit from undergoing screening. He also discusses the novel nonendoscopic screening tools of Cytosponge and EsoCheck/EsoGuard and how doctors can choose a screening method, in addition to related issues.

Disease clearance in patients who have IBD is the focus of our Advances in IBD column. Dr Jean-Frédéric Colombel reviews the evolution of therapeutic goals in IBD, as well as the research currently available and presently under way on disease clearance in this patient population. In addition, his discussion covers the best predictors of clearing disease and whether this endpoint is realistic for all patients who have IBD.

Finally, our Advances in Hepatology column features an interview with Dr Mark S. Sulkowski on minimal monitoring of hepatitis C virus treatment. His discussion includes the current monitoring recommendations, the advantages of minimal monitoring and how this approach is becoming more standard (especially in light of the COVID-19 pandemic), and questions that need to be answered. He also highlights studies that have been conducted using minimal monitoring, including the recent MINMON study, for which he was a vice chair.

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, appearing to read "Gary R. Lichtenstein". The signature is fluid and cursive, with a large initial "G" and "L".

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