

Refractory Gastroesophageal Reflux Disease



Suspected gastroesophageal reflux disease (GERD) is one of the most common reasons that a patient visits a primary care doctor or gastroenterologist. One of the review articles in this month's issue of *Gastroenterology & Hepatology* highlights appropriate management strategies for patient care when symptoms suspicious for GERD remain even after use of proton pump inhibitor (PPI) therapy. As Dr Amit Patel and Dr Rena Yadlapati note, this may occur in up to 50% of patients with suspected GERD. The authors discuss how to assess a patient who has symptoms suspected to stem from GERD and how to confirm the presence of GERD, as well as what diagnostic workup is needed when a patient has refractory symptoms of proven GERD. The authors also examine possible treatment options for refractory GERD, including lifestyle interventions such as weight loss, pharmacologic approaches such as PPI optimization, endoscopic therapies such as transoral incisionless fundoplication (TIF), and surgical options such as magnetic sphincter augmentation.

TIF is also the focus of our Advances in Endoscopy column. Dr Petros Constantinou Benias provides an overview of the procedure, including how it compares with other fundoplication techniques for GERD treatment, how it is performed, and which patients are good candidates. In addition, he reviews study data on TIF's long-term efficacy and considers future applications, among related issues.

Our other review article this month centers on liver disorders related to pregnancy. As Dr Dhruv Verma, Ms Adelaide M. Saab, Dr Sammy Saab, and Dr Mohamed El-Kabany point out, the physiologic changes that occur when patients become pregnant can mimic chronic liver disease, making diagnosis and management of these

patients challenging. The authors discuss how to evaluate abnormal liver test findings in pregnant patients and review the diagnosis and management of different pregnancy-specific liver disorders, namely hyperemesis gravidarum; intrahepatic cholestasis of pregnancy; preeclampsia; hemolysis, elevated liver tests, and low platelets syndrome; and acute fatty liver of pregnancy.

Additional hepatology content is featured in one of our columns this month. Our Advances in Hepatology column consists of a comprehensive examination of the reactivation of hepatitis B virus. Dr Robert Perrillo explains which individuals are most at risk, how to evaluate this risk, and how to diagnose reactivation when a patient has limited baseline data. He also discusses antiviral prophylaxis to reduce the risk of reactivation as well as other important issues in this area.

Finally, our Advances in IBD column highlights the VARSITY trial, the landmark head-to-head study that compared vedolizumab with adalimumab in ulcerative colitis patients. Dr Brian Feagan reviews the key findings and discusses why the study is still important and clinically relevant. He also discusses the study's impact on clinical trial design and comparative-effectiveness research as well as on current treatment, along with related issues.

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