# Spotlight on Inflammatory Bowel Disease 



TThe most recent estimates suggest that 3.1 million, or $1.3 \%$, of US adults have been diagnosed with inflammatory bowel disease (IBD; Crohn's disease or ulcerative colitis) (MMWR Morb Mortal Wkly Rep. 2016;65(42):1166-1169). Gastroenterology \& Hepatology welcomes the new year with a number of interesting articles involving IBD. One of the feature articles in this month's issue focuses on intestinal complications and extraintestinal manifestations in patients who have Crohn's disease or ulcerative colitis. I and a team of researchers retrospectively examined databases to determine the incremental lifetime risk of 7 intestinal complications and 13 categories of extraintestinal manifestations after patients were diagnosed with Crohn's disease or ulcerative colitis. Among other findings, we noted that patients with Crohn's disease or ulcerative colitis who were 0 to 11 years of age experienced the greatest incremental lifetime risk for all of the intestinal complications, as well as most of the extraintestinal manifestations.

Also involving IBD is a comprehensive feature article on the use of different Janus kinase inhibitors for the treatment of patients who have IBD. Dr Rocio Sedano, Dr Christopher Ma, Dr Vipul Jairath, and Dr Brian G. Feagan note that Janus kinases, which have 2 phosphate-transferring domains, derive their name from Janus, the Roman god of doorways and beginnings, who has 2 faces. The authors present recent data on tofacitinib, upadacitinib, filgotinib, peficitinib, and other Janus kinase inhibitors. They also review the safety profiles of these drugs in terms of infections, metabolic disorders, thromboembolic disease, and risk of malignancy, as well as pregnancy, breastfeeding, and spermatogenesis concerns.

Our IBD content continues with our Advances in IBD column on the use of total parenteral nutrition (TPN) in this disease setting. Dr Harold J. Boutté Jr discusses the benefits of TPN in patients who have IBD, TPN's most common indications in this patient population, outcomes associated with preoperative TPN, potential complications or risks with short- or long-term TPN
use, and the formula used for patients with IBD, along with related issues.

Hepatocellular carcinoma (HCC) risk in patients with nonalcoholic steatohepatitis (NASH) is explored in our HCC in Focus column. Dr Amit Singal reviews the prevalence of HCC in patients with NASH, various modifiable and nonmodifiable risk factors, assessment of an individual NASH patient's risk for HCC, the best surveillance modalities, and whether lifestyle modifications or chemopreventive treatments have been shown to reduce HCC risk in patients who have NASH, among other issues.

Our Advances in Endoscopy column, authored by Dr Anne Marie Lennon, centers on diagnosing and managing patients who have pancreatic cysts. Among other issues, she discusses how to distinguish intraductal papillary mucinous neoplasms and mucinous cystic neoplasms from benign cysts, which patients should undergo surveillance, whether endoscopic techniques can be used to treat pancreatic cysts, and new and developing technologies for evaluating pancreatic cysts.

Finally, our Advances in IBS column reviews the use of neuromodulation and neurostimulation for the management of patients who have functional gastrointestinal disorders. Dr Jiande Chen discusses the mechanisms of action of electroneuromodulation, the evolution of transcutaneous neuromodulation, studies on transcutaneous auricular vagal nerve stimulation in patients with irritable bowel syndrome with constipation, and the use of transcutaneous electrical acustimulation in patients with irritable bowel syndrome, along with related issues.

May this issue provide you with helpful information that you can put to good use in your clinical practice.


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

