Breath Testing for Small Intestinal Bacterial Overgrowth and Intestinal Methanogen Overgrowth

Breath testing is the most common method currently being used for diagnosing small intestinal bacterial overgrowth (SIBO) and intestinal methanogen overgrowth (IMO). One of the review articles in this month's issue of *Gastroenterology & Hepatology* takes a look at the advantages and disadvantages of the use of breath testing for these conditions. Dr Jane Lim and Dr Ali Rezaie point out that, as with any test, breath testing has certain limitations, and the clinical context and influencing factors should be carefully considered when interpreting results. In addition to reviewing the pros and cons of using breath testing for SIBO and IMO, the authors examine recent research on the expanding use of this tool for diagnosis, treatment, and prediction of therapeutic response and review emerging breath test patterns.

Our other review article this month focuses on intestinal ultrasound in the United States. As Dr Noa Krugliak Cleveland, Ms Emma A. Picker, Dr Michael T. Dolinger, and Dr David T. Rubin note, intestinal ultrasound has become part of the management of patients with inflammatory bowel disease (IBD) in several parts of the world but has arrived in the United States only recently. The authors examine how intestinal ultrasound is performed, research on its use in Crohn's disease as well as in ulcerative colitis, its comparison with other modalities, and strategies for overcoming barriers to its implementation in the United States.

This month's issue features 2 columns involving liver diseases. Our Advances in Hepatology column, which is authored by Dr Joseph K. Lim, focuses on cholangiocarcinoma (CCA) screening in patients who have primary sclerosing cholangitis (PSC). His discussion includes which PSC patients have the greatest risk of developing CCA, key differences among the screening recommendations from different societies, and challenges associated with CCA screening in PSC patients. The relationship between hepatocellular carcinoma (HCC) and hepatitis delta virus (HDV) is explored in our HCC in Focus column. Among other issues, Dr Nancy S. Reau discusses how often HDV-infected patients develop HCC, risk factors for this development, and clinical implications of the relationship between these 2 diseases.

Our Advances in Endoscopy column highlights the use of motorized spiral enteroscopy for assessing the small bowel. Professor Horst Neuhaus discusses the main indications for using spiral enteroscopy in the small bowel, the advantages and risks of using motorized spiral enteroscopy, recent research on this novel tool, its learning curve, concerns and challenges, and whether it should be considered a revolution in small bowel examination, along with related issues.

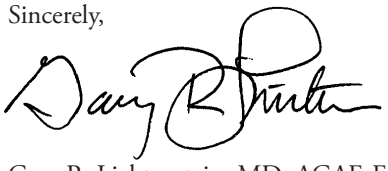
The endoscopic approach to treating patients with gastroesophageal reflux disease (GERD) is the focus of our Advances in GERD column. Dr Madhav Desai discusses the most common endoscopic therapies for GERD and their latest research, as well as their benefits and challenges compared with surgery or proton pump inhibitor therapy. Other topics of discussion include how to decide which endoscopic treatment to use and recent guidelines on GERD management.

As part of our Case Study Series in IBD section, Dr Stacey Rolak and Dr Sunanda V. Kane present a patient with acute severe ulcerative colitis who required surgical treatment. The authors note that if patients with acute severe ulcerative colitis are not responding to medical treatment, surgical therapy should not be delayed nor considered to be a failure.

Finally, I am pleased to introduce a new quarterly content partnership with the Crohn's & Colitis Foundation, starting with this month's issue. The first in this series is a patient resource spotlight on biosimilars. Readers can use the resource link on page 130 to read about biosimilars, watch short videos, review frequently asked questions, and access other helpful resources on this important topic.

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

Sincerely,



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