

Diagnosing and Treating Noncardiac Chest Pain



Noncardiac chest pain is a common condition that can be difficult to diagnose and manage. One of the feature articles in this month's issue of *Gastroenterology & Hepatology* focuses on this challenging disorder. Drs Tian Li, Manar Al Jawish, Dilhana Badurdeen, and Andree H. Koop discuss the assessment and treatment of common gastrointestinal causes of noncardiac chest pain, including gastroesophageal reflux disease (GERD), which is the most common esophageal cause. Other relevant topics of discussion include the effects of noncardiac chest pain on quality of life, exclusion of cardiac chest pain when assessing for noncardiac chest pain, and assessing psychiatric comorbidities, which can be found in over half of patients with noncardiac chest pain.

Our other feature article this month seeks to clarify the frequently encompassed misunderstandings of food allergies and sensitivities. Drs Lauren Loeb, David C. Cangemi, Jacqueline D. Squire, and Brian E. Lacy note that there are many myths and misconceptions involving food allergies and sensitivities, which can result in treatment that is not warranted with therapies that have not been tested, potentially leading to harmful consequences. The authors differentiate between food allergies and sensitivities in terms of epidemiology, pathophysiology, symptoms, and diagnostic criteria. Additionally, the authors discuss various treatment approaches for food allergies vs food sensitivities.

Our Advances in Hepatology column highlights the practice guidelines recently released by the American Association for the Study of Liver Diseases for noninvasive evaluation of hepatic fibrosis and steatosis. Dr Richard K. Sterling reviews how and why the guidelines were developed, the accuracy of blood- and imaging-based noninvasive liver disease assessment (NILDA) for fibrosis staging, NILDA thresholds for different liver diseases, and use of blood- and imaging-based NILDA in combination, along with related issues.

In other liver-related content, the HCC in Focus column places a spotlight on emerging tools for hepatocellular

carcinoma surveillance. Dr Amit Singal discusses strategies such as low-dose, two-phase computed tomography and abbreviated magnetic resonance imaging as well as various individual serum biomarkers, biomarker panels, and multicancer detection platforms. His discussion also includes future directions of hepatocellular carcinoma surveillance, including precision surveillance.

This month's Advances in GERD column features an interview with Dr David M. Poppers on esophageal adenocarcinoma (EAC) resection. He discusses the relationship between EAC and GERD, what to do once EAC is detected, which lesions are resectable using endoscopy, and how to determine which resection technique to perform. Other points of discussion include complications of EAC resection, long-term survival, and postresection surveillance.

In our Case Study Series in IBD section this month, Drs Jonathan A. Salazar, Jeffrey D. Goldsmith, Athos Bousvaros, and Michaela Tracy present a case of cytomegalovirus colitis in a 15-year-old male with ulcerative colitis who experienced loss of corticosteroid response with concurrent upadacitinib initiation. Following antiviral therapy, the patient achieved clinical remission with upadacitinib monotherapy. The authors discuss the clinical relevance of this case and future research needs.

Finally, our quarterly content partnership with the Crohn's & Colitis Foundation highlights the IBD Clinical Hub video library. Readers can scan the QR code on page 532 to access helpful videos on a wide range of inflammatory bowel disease topics, such as biosimilar education and intestinal surgery.

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