

Examining Hyperbaric Oxygen Therapy for Inflammatory Bowel Disease Patients



Is there a role for using hyperbaric oxygen therapy to treat patients who have inflammatory bowel disease (IBD)? This month's issue of *Gastroenterology & Hepatology* includes an interview with Dr Parambir S. Dulai on the potential role of this investigational therapeutic approach for IBD. In our Advances in IBD column, Dr Dulai discusses why there was interest in evaluating the potential use of hyperbaric oxygen therapy as a therapeutic option for patients in this disease setting. He also reviews the potential mechanisms of action. It has been hypothesized that by increasing intestinal tissue oxygen levels, there may be suppression of proinflammatory cytokines thus lessening bowel inflammation, promoting colonic stem cell differentiation, promoting the antioxidant system, and potentially modifying the gut microbiome, thereby enabling tissue repair and healing of the inflamed intestinal mucosa. Other topics of discussion include research on the use of this therapy in patients with ulcerative colitis and Crohn's disease, which patients might be ideal candidates, whether there are any safety concerns or risks, and potential disadvantages such as reimbursement challenges.

One of our feature articles explores the management of overweight or obese patients who have IBD. Mr Mark Shneyderman, Ms Hannah Freid, Dr David Kohler, Dr Jellyana Peraza, Dr Natasha Haskey, Ms Erin Abbott, Dr Asher Kornbluth, Dr Maitreyi Raman, and Dr Stephanie Gold note that rates of obesity and overweight are increasing globally and that obesity has been linked with IBD complications. The authors review a variety of treatment approaches for obese and overweight patients—namely, lifestyle modifications, anti-obesity medications, endobariatric procedures, and bariatric surgery—and their effects on the clinical course of IBD. Additionally, the authors discuss the role of the evaluation and management of overweight and obese patients for IBD providers.

Our other feature article examines the use of potassium-competitive acid blockers (P-CABs) and proton pump inhibitors (PPIs) for acid suppression. Dr Corey J. Ketchum and Dr Kristle L. Lynch compare the mechanisms of action of P-CABs and PPIs, review phase 2 and 3 clinical trials (particularly those recently conducted in Western populations), and discuss the integration of P-CABs into therapeutic regimens. The authors cover a number of disease settings, including erosive esophagitis, nonerosive reflux disease, and *Helicobacter pylori* infection.

The endoscopic management of biliary strictures is the focus of our Advances in Endoscopy column. Dr Steven Edmundowicz examines indications for performing cholangioscopy in biliary strictures, advances in cholangioscopes, and when and how to sample a stricture. Additionally, he discusses difficulties and mistakes that may occur with cholangioscopy, tricks for maneuvering the cholangioscope inside bile ducts, and future innovations that are needed to improve cholangioscope utility.

Our Advances in Hepatology column, authored by Dr Douglas T. Dieterich, explores the hepatitis B guidelines released by the World Health Organization earlier this year. His discussion covers recommendations involving hepatitis B virus treatment (including the expansion of treatment criteria), management of pregnant patients, point-of-care testing and other diagnostic issues, and testing for delta hepatitis. He also discusses the awareness of US providers of these updated guidelines.

In the MASH in Focus column, Dr Vincent Wong discusses how many patients with metabolic dysfunction-associated steatohepatitis (MASH) and metabolic dysfunction-associated steatotic liver disease are lean rather than obese/overweight and differences between MASH in lean patients vs obese/overweight patients. He also discusses issues such as whether weight reduction and lifestyle changes should still be recommended first in lean MASH patients and the use of medical treatments even though they have not been studied in lean patients.

Finally, the relationship between esophageal ulcers and gastroesophageal reflux disease (GERD) is examined in our Advances in GERD column. Dr Nayantra Coelho-Prabhu discusses the differences between these 2 conditions and how assessing a suspected esophageal ulcer differs in the presence of GERD. Other topics discussed include esophageal ulcer diagnosis and possible misdiagnosis, as well as how to determine the cause of esophageal ulcers, which may involve GERD treatment failure.

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