

Examining the Use of Semaglutide in Metabolic Dysfunction-Associated Steatohepatitis



Last month's issue of the journal *Gastroenterology & Hepatology* delved into the use of glucagon-like peptide-1 (GLP-1) receptor agonists in patients with inflammatory bowel disease (IBD). This month's issue explores the use of the GLP-1 receptor agonist semaglutide in patients who have metabolic dysfunction-associated steatohepatitis (MASH). In our MASH in Focus column, Dr Naim Alkhouri reviews data recently presented on this drug from the ESSENCE trial. He explains the rationale for investigating the use of semaglutide in MASH patients, the design of the ESSENCE trial, and recent data on its primary and secondary endpoints as well as adverse events. Other topics of discussion include the implications and clinical relevance of these findings, considerations to keep in mind when viewing the study findings, and the next steps for this drug and drug development overall in MASH.

Moving to the surgical side of managing obesity and associated disorders of metabolic function, one of our feature articles provides an overview for gastroenterologists of the various complications associated with metabolic and bariatric surgery. As Dr Syed Matthew Kodilinye, Dr Vivek Kumbhari, and Dr Dilhana Badurdeen note, there has been a rise in the uptake of metabolic and bariatric surgery worldwide, with the most common metabolic and bariatric surgical procedures being laparoscopic sleeve gastrectomy and Roux-en-Y gastric bypass. Even though a number of surgical advancements have been made, complications commonly occur, even long after the procedure. This comprehensive article includes a review of marginal ulcer, gastric sleeve stenosis, anastomotic stricture, gastrogastroic fistula, anastomotic leaks, internal hernia, cholelithiasis, and weight regain.

Our other feature article examines the potential relationship between the aberrant intestinal microbiome and fibromyalgia, a syndrome mainly characterized by fatigue and widespread pain. Dr Ade Waterman, Dr Stavros A. Doumas, Dr Michele Fischer, Dr Mark Mattar, Dr Samer Charbel, Dr Joseph Jennings, and Dr David B. Doman examine changes that occur in the gut microbiome of fibromyalgia patients and possible diagnostic biomarkers such as *Helicobacter pylori* infection. The authors also discuss the management of fibromyalgia with strategies focused on microbiome modulation such as prebiotics and probiotics, fecal microbiota transplantation, and dietary interventions.

In our Advances in IBS column, Dr Anthony J. Lembo reviews the use of acupuncture in the management of disorders of gut-brain interaction. He discusses the mechanisms of action of this therapeutic approach and the current evidence supporting its use while critically analyzing its efficacy for managing disorders of gut-brain interaction. He also discusses how acupuncture is performed in this clinical setting and which patients are deemed to be ideal candidates.

Our Advances in IBD column focuses on refractory ulcerative proctitis. Dr Michael V. Chiorean discusses the misconception that ulcerative proctitis and ulcerative colitis are different conditions and the lack of high-quality clinical trials in patients with ulcerative proctitis. He also discusses different therapeutic approaches, including topical therapies, advanced IBD therapies such as etrasimod, and appendectomy.

Our Advances in Hepatology column, authored by Dr Jasmohan S. Bajaj, explores the impact that ingestion of one plant-based meal a day may have in patients with hepatic encephalopathy (HE). Topics of discussion include the nutritional needs of HE patients, research on plant-based diets in this setting, possible drawbacks of this approach, and resources for HE patients interested in vegan or vegetarian diets.

Finally, I would like to welcome Dr Colin W. Howden as the section editor of our new bimonthly Advances in Upper GI Disorders column, a renaming of our Advances in GERD column. In our first column, Dr Dustin A. Carlson examines the current status of functional lumen imaging probe (FLIP) technology. His discussion includes how the FLIP test is currently being utilized, its effectiveness in diagnosing and monitoring esophageal disease, how it differs from manometric testing, and whether it is suitable for routine practice.

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