

The Evolving Concept of a Therapeutic Window of Opportunity for Crohn's Disease



What is the therapeutic window of opportunity in patients with Crohn's disease? This question is explored in a feature article in this month's issue of *Gastroenterology & Hepatology*. As Dr Gülden Bilican, Dr Samuel Majna, Mr Tobi Dairo, Dr Megha Bhandari, Dr Mohammed Tauseef Sharip, and Dr Nurulamin M. Noor note, the ideal time for appropriate therapeutic intervention in patients with Crohn's disease has been uncertain over the years; however, growing evidence supports early intervention. The authors examine the latest evidence on the therapeutic window of opportunity and how early treatment can maximize outcomes and quality of life in Crohn's disease patients.

Our other feature article this month examines the updated guidelines on *Helicobacter pylori* management. Dr Martin Ventoso and Dr Steven F. Moss note that about 33% of individuals in the United States are thought to be positive for *H pylori* infection. In 2024, the American College of Gastroenterology updated their *H pylori* clinical guidelines focusing on treatment from their prior guidelines from 2017. The updated guidelines reflect new data from US patients and the treatment regimens that were approved since the time that the previous guidelines were published. The updated guidelines also discuss the identification of high-risk patients and include advice on how to select a regimen for first-line treatment as well as refractory infections. Additionally, the authors discuss how the guidelines incorporate antimicrobial resistance into regimen selection and other novel aspects of the guidelines.

Our Advances in Endoscopy column focuses on perforation management during polypectomy. Dr Gottumukkala S. Raju discusses how endoscopists can minimize perforations and what signs may suggest that a perforation has occurred. He also discusses principles for managing a perforation, how to select a therapeutic approach and tools, tips for ensuring closure, and recommended management following successful closure.

Our Advances in IBD column features an interview

with Dr Emanuelle A. Bellaguarda on inflammatory bowel disease (IBD) and eosinophilic esophagitis (EoE). She discusses whether IBD patients have a higher risk of developing EoE and vice versa, similarities and differences in terms of genetic and environmental factors as well as diagnosis, whether all IBD patients should be screened for EoE, and whether EoE treatment impacts IBD.

Finally, sarcopenia, or the presence of a progressive loss of muscle mass, strength, and function, is highlighted in our MASH in Focus column. Dr Jennifer C. Lai discusses how metabolic dysfunction-associated steatotic liver disease (MASLD)/metabolic dysfunction-associated steatohepatitis (MASH) can lead to sarcopenia and vice versa, the challenges of diagnosing and treating sarcopenia, how muscle mass can be best measured, and exercise and nutrition recommendations to preserve muscle mass in MASLD/MASH patients.

Sadly, I would like to acknowledge the recent passing of Dr Brian Feagan. Dr Feagan was internationally recognized as a visionary leader in the field of IBD with particular expertise in clinical trial design. His numerous contributions to the field helped to shape modern IBD research and treatment. Dr Feagan served as an Editorial Advisory Board member of our journal for over a decade and was always eager to share ideas and make contributions. We will miss working with him and send our condolences to his family and friends.

Sincerely,

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