

Update on the Management of Pregnant Patients With Inflammatory Bowel Disease



What is new in the management of pregnant patients with inflammatory bowel disease (IBD)? This month's issue of *Gastroenterology & Hepatology* explores recent developments involving diagnostics, treatment, and preventative care strategies involving pregnancy and IBD. In a feature article, Dr Taylor Boyd and Dr Sunanda Kane examine the use of intestinal ultrasound to monitor pregnant patients with IBD. The authors also discuss recent data on a number of medical therapies, including thiopurines, low-dose aspirin, biosimilars, and selective interleukin-23p19 inhibitors, in pregnant patients who have IBD. Additionally, the authors discuss emerging data on rotavirus vaccination in infants who were exposed to biologic therapies in utero.

Our other feature article this month illuminates the myriad of challenges that health care providers encounter when diagnosing and managing patients who have irritable bowel syndrome (IBS). This common chronic disorder is characterized by a number of symptoms such as abdominal pain, cramping, bloating, and altered bowel habits (diarrhea, constipation, or both) and stems from issues in gut-brain interaction where the digestive tract behaves abnormally without physical damage. Dr Jessica C. Petrov, Dr Brian E. Lacy, and Dr David J. Cangemi examine the difficulties encountered when evaluating patients with suspected IBS, diagnosing IBS using a symptom-based approach, explaining complex and incompletely understood pathophysiology to patients, as well as treating patients who have IBS. The authors also suggest several steps to try to overcome these challenges.

In our Advances in Upper GI Disorders column, Dr Michael F. Vaezi delves into point-of-care esophageal mucosal impedance (MI) testing, which is performed during endoscopy to assess the integrity of the esophageal epithelium. His discussion covers how simple it is to perform the test and interpret the results, in which patients MI testing can be used, and what role MI testing can play in the diagnosis of gastroesophageal reflux disease and eosinophilic esophagitis.

Our HCC in Focus column, authored by Dr Lauren Beste, highlights approaches to increase hepatocellular

carcinoma (HCC) surveillance rates. She discusses the importance of HCC surveillance and common barriers to adhering to the current surveillance recommendations. She also examines the use of different strategies to improve HCC surveillance such as mailed outreach and electronic health record–based clinical reminders and their cost-effectiveness in addition to other considerations.

Our Advances in IBD column features an interview with Dr Oriana M. Damas on differences in IBD across ethnic and racial groups in the United States. She discusses the current prevalence of IBD in different ethnicities and racial groups and whether there are differences in phenotypes, genetic risk factors, environmental impacts, surgical outcomes, and hospitalization across these groups.

Granulomatous hepatitis is the focus of our Advances in Hepatology column. Dr Ethan M. Weinberg discusses why granulomas can develop in the liver and how they can be categorized. He also discusses different causes of granulomatous hepatitis, possible presentations and diagnostic approaches, treatment considerations, and the importance of multidisciplinary collaboration, among other issues.

Finally, our Advances in Endoscopy column, which is authored by Dr B. Joseph Elmunzer, focuses on the prevention of pancreatitis following endoscopic retrograde cholangiopancreatography (ERCP). His discussion includes effective strategies for reducing the incidence of post-ERCP pancreatitis, the current status of pharmacologic prevention, prophylactic pancreatic stent placement, the evidence for aggressive intravenous fluid hydration, and the importance of the prediction and early recognition of post-ERCP pancreatitis.

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

Sincerely,

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