Preface

Consultations in Liver Disease

Consultations of Gastroenterology practitioners are frequently sought for many complex issues relating to acute and chronic liver disease. Many of the disease entities are uncommon and complicated in scope. Liver disease may occur in the setting of other chronic medical conditions and involve other organ systems, with recommendations for diagnostic strategies and therapeutic approaches somewhat challenging. Serious consequences are often the rule with misdiagnosed or inadequately treated liver disease. A previous issue of Clinics in Liver Disease entitled, “Approach to Consultation for Patients with Liver Disease,” published in May 2012 dealt with many of these issues to provide a framework for approaching consultation for common liver-related problems for the gastroenterology practitioner. This issue of Clinics in Liver Disease is entitled, “Consultations in Liver Disease.” Additional timely topics are discussed that will help the practicing gastroenterologist address common but difficult inpatient and outpatient consultations in patients with liver disease.

Liver disease is common in patients with HIV, and there are many unique aspects to diagnosis and therapy. The first article is entitled, “Chronic Liver Disease in the HIV Patient,” by Dr Sterling and his colleagues.

One of the rapidly increasing malignancies in incidence in the United States is hepatocellular carcinoma; there have been advances in the diagnosis and therapeutic strategies that Dr Kulik and her co-author outline in their article.

Renal insufficiency is quite common in patients with concomitant liver disease and frequently presents vexing diagnostic and therapeutic dilemmas for the gastroenterology consultant. This topic is covered in detail by Drs Kwo and Bozanich.

Autoimmune liver diseases are not uncommon. Since there are no definitive diagnostic tests for autoimmune disease and therapy can be somewhat complex, consultation can be difficult. Dr Czaja reviews the latest information regarding the approach to diagnosis and management of autoimmune hepatitis, and Drs Reddy and Bunchorntavakul explore the complicated issue of overlap syndromes.
Radiology procedures are often central to the workup of patients with acute and chronic liver disease. In recent years, there have been advances, and new techniques are now available. They may be somewhat confusing for the gastroenterology practitioner. Dr Miller and colleagues carefully discuss the ins and outs of contemporary liver imaging.

The determination of hepatic fibrosis is critical for the management of chronic liver diseases. Dr Afdhal and his co-authors review recent important developments in the noninvasive assessment of hepatic fibrosis.

When patients develop decompensated liver disease, liver transplantation referral may be indicated. Drs Brown and Xu outline the process of liver transplantation evaluation.

One of the more difficult inpatient consultations for the gastroenterologist is for evaluation of jaundice in the hospitalized patient. Drs Ahn and Kathpalia describe how to approach this problem.

On occasion, gastroenterologists are consulted about liver disease in the adolescent. Dr Alonso and her co-author provide insight into the issues of concern in this population.

Finally, two common problems are presented. Drs Brown and Salgia describe contemporary diagnostic and management strategies for genetic hemochromatosis, and Dr Gish and his co-authors review an approach to evaluation and management of portal vein thrombosis.

This issue of Clinics in Liver Disease complements the last one and provides guidance on many complex topics that are common challenges to the practicing gastroenterologist.

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