Preface

Advances in Cholestatic Liver Diseases

The past decades have seen major advances in the understanding of cholestatic liver diseases, now finally starting to translate into better diagnosis and management of these conditions. In this issue of *Clinics in Liver Disease*, we discuss how such advances can be applied to clinical practice. First, Dr Eksteen provides an excellent overview of the implications of gut-liver axis in the pathogenesis of primary sclerosing cholangitis (PSC) and how this knowledge can be used to target newer therapies. Drs Trivedi and Hirschfield follow with a summary of recent genetic discoveries in both primary biliary cirrhosis (PBC) and PSC, and Drs Marzorati, Invernizzi, and Lleo explain how to interpret autoantibodies in cholestatic diseases.

IgG4-related sclerosing cholangitis has emerged as one of the main differential diagnoses with PSC. Drs Smit, Culver, and Chapman present a comprehensive summary of current understanding of the pathophysiology, natural history, diagnosis, and treatment of IgG4-related sclerosing cholangitis. Patients with PSC can present in a variety of ways. For instance, they may have normal versus elevated IgG4, with normal or abnormal serum alkaline phosphatase, with or without inflammatory bowel disease, with or without dominant strictures! Drs Sarkar and Bowlus discuss the various clinical phenotypes of PSC and suggest a management approach based on the clinical presentation. One of the greatest challenges in the management of patients with PSC lies on the significantly increased risk of malignancies, including cholangiocarcinoma, gallbladder neoplasia, and colorectal neoplasia. Drs Folserraas and Boberg focus on the epidemiology of these malignancies and discuss available and upcoming strategies for early detection. Then, to complete the discussion on multiple phenotypes and challenges in the management of PSC, Drs Mieli-Vergani and Vergani address the peculiarities of sclerosing cholangitis in children.

In terms of therapeutics, the area with greatest advances has been PBC. Dr Czul and I present a broad discussion on the reliability of surrogate markers, such as serum alkaline phosphatase and total bilirubin, as well as their use in clinical practice to
monitor response and determine prognosis. Results of recent phase 3 trials are discussed, and we provide the reader with up-to-date management recommendations. In addition to the treatment of the specific disease, managing extrahepatic manifestations is of utmost importance. Fatigue is a common and significant symptom affecting many patients with cholestatic diseases, especially PBC. Drs Jopson, Dyson, and Jones explain the pathophysiology of fatigue in PBC/PSC and provide very concise, easy-to-use, key points for its proper management.

As we continue to move away from liver biopsy to diagnose or stage patients with cholestatic diseases, the need for reliable, noninvasive markers of prognosis increases. Dr Corpechot offers the reader a state-of-the-art summary on the status of vibration-controlled transient elastography in the assessment of patients with cholestatic diseases. The following two articles address areas where major growth in the understanding of pathogenesis led to improved overall diagnosis and/or management: intestinal failure-associated liver disease, comprehensively addressed by Drs Beath and Kelly, and intrahepatic cholestasis of pregnancy, reviewed by Drs Floreani and Gervasi. Finally, despite all of these advances, liver transplantation is still required for many patients with cholestatic liver diseases. Drs Khungar and Goldberg address indications for liver transplantation, waitlist mortality, overall results, disease recurrence, and more!

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