Preface

Consultations in Liver Disease

Gastroenterology practitioners often are requested to opine on patients with complicated liver-related issues in both the outpatient and the inpatient setting. The problems are frequently uncommon and occasionally life threatening. Rapid advances in the field may be difficult to follow for providers in a busy Gastroenterology practice. This issue of Clinics in Liver Disease, entitled Consultations in Liver Disease, is the third in a series. The first, entitled Approach to Consultation for Patients with Liver Disease published in May 2012, and the second, entitled Consultations in Liver Disease published in February 2015, include a series of liver-related topics that Gastroenterology clinicians encounter in practice. Each discussion provides a succinct, clinically oriented approach of how to address common liver-related problems. This issue of Clinics in Liver Disease introduces a number of additional topics to aid the clinician in caring for inpatients and outpatients with liver disease.

Advances in the care of patients with chronic hepatitis C virus (HCV) infection have been nothing short of stunning in recent years. The vast majority of patients are now cured with therapies that are easy to administer for the Gastroenterology provider. However, some issues remain. Dr Maddur and I review the data on patients with HCV genotype 3 and how it differs from the others and approaches on how to treat it. Irrespective of the genotype, a small number of patients fail therapy with direct-acting antiviral agents (DAAs). Most have resistance to one or more classes of DAAs. Drs Weisberg and Jacobson then discuss the “ins and outs” of HCV resistance, its impact on therapeutic response, and how to test for it.

One of the recent advances in the field of Hepatology has been the identification of specific genetic abnormalities for different disease states. Many genetic tests are available. Drs Schonfeld and Brown outline a spectrum of genetic tests for liver disease problems, including how and when to order them.

A common difficult inpatient consultation for the Gastroenterologist includes the impact of total parenteral nutrition on the liver. Drs Mitra and Ahn discuss how to
evaluate and manage such patients. Oncology patients frequently have liver issues, either from the disease process or from medications, including chemotherapy. Drs Dhanasekaran and Kwo discuss a clinical approach for assessing these patients.

Primary biliary cholangitis (PBC) and primary sclerosing cholangitis (PSC), autoimmune diseases that affect the liver, are uncommon but not rare. Gastroenterology practitioners will likely be consulted to evaluate patients with these problems. There have been new advances in therapy and management. Drs Burman, Jhaveri, and Kowdley elaborate on recent advances in the therapy of PBC, and Drs Gossard and Gores outline evaluation and management strategies for PSC.

The most common liver disease in the United States is fatty liver/nonalcoholic steatohepatitis (NAFLD). There have been recent developments in the understanding of NAFLD, and extensive efforts are underway in the research setting to provide new therapies for this unmet medical need. Drs Golabi, Bush, and Younossi report on an approach to evaluate these patients and discuss areas of investigation that it is hoped will lead to new options for therapy in the near future.

Dr Schilsky details how to evaluate and manage patients with Wilson disease, and Drs Bunchorntavakul and Reddy discuss the current state-of-the-art for identifying and caring for patients with acute liver failure.

Finally, life-saving liver transplantation is indicated in patients with complications of end-stage liver disease. These patients are on long-term immunosuppression and may be referred back to the referring Gastroenterologist after recovery from surgery. Drs Cheung and Levitsky provide an excellent clinically focused review on issues that occur in the post–liver transplantation setting oriented to the Gastroenterology practitioner.

This issue of Clinics in Liver Disease complements the previous two issues by providing additional topics that will help the clinical practitioner develop a framework to address difficult and rapidly changing aspects of liver disease in the outpatient and inpatient setting that were not discussed previously.

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