Preface

The Liver in Systemic Disease

Jorge L. Herrera, MD
Editor

The liver, being the largest internal organ in humans, is often involved in systemic diseases either as an innocent bystander or as part of the pathologic process itself. Elevated liver tests may be the first manifestation of a systemic condition unrelated to the liver, may develop as a result of a known systemic illness, or may be caused by a primary, unrelated liver disease. Differentiating primary liver disease from manifestations of systemic illness is often a difficult task faced by gastroenterologists and hepatologists. This issue of the Clinics in Liver Disease reviews the latest developments on the diagnosis and management of a range of disorders that directly or indirectly affect the liver.

Drs Murray and Rubio-Tapia elegantly discuss the hepatic manifestations of celiac disease, a common scenario where the liver may be an “innocent bystander,” and elevated liver tests may be the first and only sign of underlying celiac disease. In contrast, the liver is directly involved in other conditions, such as sickle cell disease, sarcoidosis, HIV infection, pregnancy, cystic fibrosis, cardiac disease, and lymphoproliferative disorders, all of which are discussed in various articles of this issue.

Advances in the therapy of inflammatory bowel disease (IBD) and rheumatologic disorders have resulted in improved outcomes for patients with these conditions, but also in new liver complications related to therapy. Drs Martin, Howell, and colleagues discuss the well-known liver disorders associated with IBD and rheumatologic disorders as well as the recently described hepatic complications of the biologics and immunomodulators used to treat these patients. Advice on the best practice for monitoring and managing these patients is provided.

The remainder of the issue focuses on hepatic complications of systemic issues, such as endocrine disorders, obstructive sleep apnea, and prolonged total parental nutrition; conditions that are increasing in prevalence, such as obesity, small bowel disorders, and small bowel transplantation, are becoming increasingly common. The
articles emphasize clinically relevant diagnostic and therapeutic approaches to these disorders.

Over the last decades, the complexity of illness affecting our patients has significantly increased, and with it, the likelihood that the liver will be directly or indirectly involved in the pathologic process. This is best exemplified by the myriad of liver-related disorders that can affect critically ill patients, as discussed by Dr Flamm and colleagues. Recognition of the various hepatic manifestations of systemic disease is of paramount importance in the management of these complex patients. I hope that this issue will provide you with a useful resource in your daily practice.

Jorge L. Herrera, MD
Division of Gastroenterology
University of South Alabama
College of Medicine
Mobile, AL 36688, USA

E-mail address: jherrera18@gmail.com