Preface

Alcoholic Hepatitis and its Many Facets

The field of Hepatology has seen enormous advances in the past decade. We now have therapies to effectively treat hepatitis C as well as effective therapies to suppress the hepatitis B virus. Indeed, hepatitis C, which used to be the most common indication for transplantation, has now been supplanted by alcohol-associated liver disease as the most common indication for liver transplantation. In addition, alcohol-associated liver disease accounts for 6% of all deaths worldwide, and 50% of all cases of cirrhosis have alcohol as a contributing factor.

In this issue of Clinics in Liver Disease, the epidemiology of alcoholic hepatitis is addressed by Dr Liangpunsakul, including the growing per-capita alcohol consumption worldwide and its relationship to increased rates of alcoholic liver disease. Practitioners routinely encounter those with alcohol use disorder, and early recognition of hepatic injury can be difficult to discern. Dr Im explores in detail our current biomarkers to detect alcoholic hepatitis and comments on future biomarkers that may provide greater sensitivity in detecting alcoholic hepatitis prior to the onset of severe complications. Dr Marsha Morgan details the genetic and environmental susceptibilities to alcoholic hepatitis that have been identified as well as emerging data on how best to identify individuals at risk for severe alcoholic hepatitis. Dr Bataller reviews the clinical diagnosis and identification of those with moderate alcoholic hepatitis who are still at risk for poor outcomes.

Nutrition in liver disease has become increasingly important, and Dr McClain and colleagues present in detail how to identify patients who are at risk for malnutrition, as well as interventions to address sarcopenia. With the growing number of diagnostic modalities to identify fibrosis, such as elastography and serum markers, the role of liver biopsy in hepatology has changed. Nonetheless, liver biopsy can still be an invaluable tool to help inform diagnosis and management options for those who may have alcoholic hepatitis, and Dr Singal addresses when a liver biopsy may be appropriate.
Defining prognosis is also important, and Dr Ahn and his colleagues review the available prognostic models and how they help clinicians assess those who require prioritization for therapy for alcoholic hepatitis. Historically, the treatment of alcoholic hepatitis has consisted of a finite course of corticosteroids for those with severe alcoholic hepatitis. Dr Maddur reviews our current approach to the treatment of alcoholic hepatitis and reviews adjuvant therapies currently available to clinicians who care for those with acute alcoholic hepatitis. There is an increasingly diverse group of novel therapies being evaluated to treat alcoholic hepatitis as well. Dr Pyrsopoulos reviews the emerging data with novel agents for alcoholic hepatitis, including preliminary outcomes from multiple trials.

One of the most significant changes in the past 10 years has been the approach to treatment of refractory alcoholic hepatitis with orthotopic liver transplant. Historically, a 6-month sobriety has been required prior to consideration for transplant. Dr Ahmed details the emerging trends in liver transplantation for alcoholic hepatitis that have occurred over the past decade. Dr Goel addresses the emerging data on how patients who have failed current medical therapies with acute alcoholic hepatitis may be selected for potential transplant candidacy via an exception pathway approach. Finally, Dr Gurakar details a multidisciplinary approach to ensure that alcohol use disorder is addressed after liver transplantation for acute alcoholic hepatitis.

This issue of *Clinics in Liver Disease* will be a useful resource to clinicians who care for those with alcohol-associated liver disease, allowing clinicians to not only identify patients at risk for alcoholic hepatitis but also intervene early, provide appropriate therapy for those with severe alcoholic hepatitis, and refer appropriate patients for transplantation if required.

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