Inpatient and outpatient consultation for patients with complex acute or chronic liver problems for Gastroenterology community practitioners is common. These encounters require detailed assessment of complicated issues and knowledge of current recommendations for optimal care. This issue of *Clinics in Liver Disease* entitled “Consultations in Liver Disease” is the fifth in a series dedicated to providing updated information to community gastroenterologists for consultations commonly encountered in practice. The first issue, entitled “Approaches to Consultation for Patients with Liver Disease,” was published in 2012. The following three issues, each entitled “Consultations in Liver Disease,” were published in 2015, 2017, and 2020. In each issue, concise presentations were presented that discuss clinical diagnostic and management strategies for many different liver-related problems for which practitioners are consulted. Additional topics have been selected for this issue to help community gastroenterologists care for patients with liver disease.

Markedly elevated liver enzymes are common and require urgent, targeted evaluation. Drs Reutemann and Gordon discuss diagnostic strategies. Chronic hepatitis B virus (HBV) infection and hepatitis delta virus (HDV) infection are frequently observed worldwide, but less commonly in the West. These problems are thus more complicated for the community practitioner. Drs Robinson, Wong, and Gish review the contemporary approach for diagnosis and treatment of chronic HBV and HDV.

COVID-19 has implications for liver-related disease and is a frequent reason for consultation. There is an evolving body of literature as knowledge is advanced. Dr Fix provides an updated discussion of COVID-19 and liver disease.

Pruritus is a vexing problem for patients with cholestatic liver disease, and Drs Selim and Ahn present recommendations for therapy.

Renal insufficiency and portopulmonary hypertension are two problems that portend a poor outcome for patients with liver disease, and afflicted patients are often critically ill. Drs Simonetto, Matchett, and Kamath review diagnostic and therapeutic strategies for renal insufficiency, and Dr Kwo reviews portopulmonary hypertension for the community consultant.
Hepatocellular carcinoma is a deadly complication for patients with advanced liver disease, and treatment approaches are rapidly evolving. Drs Ganesan and Kulik present a concise review of new developments in hepatocellular carcinoma.

Liver transplantation is a life-saving procedure for many patients with decompensated liver disease. Outcomes are optimized by careful posttransplantation care, including routine blood testing. Drs Henson and Muir discuss evaluation of an abnormal liver panel after liver transplantation.

The assessment of hepatic fibrosis is a critical aspect for patients with liver disease. In recent years, noninvasive assessment of hepatic fibrosis has played an increasingly important role in the management of such patients to avoid diagnostic liver biopsy, if possible. Drs Buckholz and Brown review strategies for noninvasive testing of hepatic fibrosis and pitfalls for which the consulting practitioner should be aware.

Liver disease in pregnancy is not uncommon and has important implications for the mother and baby. Drs Kushner and Reau review diagnostic and therapeutic recommendations in this setting.

Finally, many patients present for evaluation of alcohol-related liver disease, including alcohol-related hepatitis, and alcohol-related liver disease is a frequent reason for consultation. Dr Patel and I present current recommendations for the evaluation and management of these patients.

This issue of Clinics in Liver Disease, in addition to the previous issues on consultation in patients with acute and chronic liver-related problems, provides important new information for the community practitioner that will help provide appropriate care for patients with liver disease.

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