Essential reading from the editor's desk

T. Vanuytsel[1-2], C. Reenaers[3]

(1) Gastroenterology and Hepatology, University Hospitals Leuven, KU Leuven, Leuven, Belgium; (2) Translational Research in Gastrointestinal Diseases (TARGID), KU Leuven, Leuven, Belgium; (3) Gastroenterology, University Hospital Liège, Liège, Belgium.

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As the national Belgian journal for gastroenterology and hepatology, one of the missions of the Acta Gastro-enterologica Belgica is to provide guidelines on the diagnosis and treatment of a variety of gastrointestinal disorders to our readership. In the past years we have published excellent practical Belgian national guidelines on the management of gastro-pancreatic neuro-endocrine tumors (1), pathology of colorectal polyps (2) and hemorrhoids (3). In the current issue of the Acta we are proud to publish the Belgian consensus guidelines on irritable bowel syndrome (IBS) (4). A group of 20 national experts have summarized the literature on 78 statements related to the definition, pathophysiology, diagnosis and treatment of IBS, followed by voting rounds in a Delphi consensus approach. The expert groups reached consensus on 50 statements with important guidance for practicing clinicians. In the absence of alarm signs and symptoms the group advices against performing a colonoscopy or additional testing besides a limited set of blood tests and fecal calprotectin. Lifestyle modification, water soluble fiber and spasmolytics agents are considered first line treatments, with specific probiotics, low FODMAP diet and psychological treatments as alternatives. A group of pediatric gastroenterologists was invited to highlight similarities and discrepancies in diagnosis and treatment in children, which is also published in this issue (5). We are confident that both consensus documents will serve as a guidance for adult and pediatric gastroenterologists in the care of this common but often difficult to treat condition. We also invite other Belgian societies to organize consensus groups and develop Belgian guidelines, which can be published in our journal.

A few years ago, we published a guidance document on the management of non-alcoholic fatty liver disease (NAFLD) (6). In recent years the condition has been renamed to metabolic dysfunction associated liver disease (MAFLD) and has progressively become the most prevalent liver disease worldwide and is a growing cause of cirrhosis in our country (7-9). In this issue Binet and colleagues from UCLouvain have carefully reviewed the literature on the role and modalities of screening for MAFLD and its treatment in patients with type 2 diabetes mellitus (10). The authors advocate the use of non-invasive screening tests in type 2 diabetes to avoid late diagnosis when patients may have already developed cirrhosis or hepatocellular carcinoma. Even if metabolic dysfunction, including obesity, is a clear risk factor of chronic liver disease, malnutrition becomes increasingly important once the condition has reached the cirrhotic stadium. Dumont et al. have investigated the prevalence and impact of malnutrition in a cohort of hospitalized patients with cirrhosis and found an worrisome 45% prevalence of malnutrition which even increased to 59% in Child-Pugh C cirrhosis (11).

Quality parameters in endoscopy are increasingly important to optimize screening for colorectal polyps and avoid interval cancers (12). Adequate bowel preparation is a key prerequisite for screening (13), but education of the colonoscopists should not be forgotten. Unfortunately, most of us are unaware of our own adenoma detection rate (ADR), because this requires careful recording of all resected polyps, including the histological diagnosis. Rasschaert and colleagues modified a commercially available system to establish continuous monitoring of the ADR by automatically linking the registration of the resected polyps to the pathology database of the hospital (14). In the first period of their study they found that the ADR was below the minimum of 25% recommended by the European Society for Gastrointestinal Endoscopy (ESGE) (15). However, after providing feedback on the ADR to the individual endoscopists, there was a significant improvement of the ADR from 22.9 to 27.5% five months after the feedback, which was maintained after 28 months (14).

Endoscopy has become more challenging in the last two years because of the need for additional personal protective equipment (PPE) in the COVID-19 pandemic (16). Kiyak and Goksoy compared duration and quality parameters of colonoscopies before and during the COVID-19 pandemic and found a significantly longer cecal incubation time, total procedure time and significantly higher pain scores reported by the patients (17). However, the ADR and cecal intubation rate were not affected by the additional protective measures.

Correspondence to: Tim Vanuytsel, MD, PhD, Herestraat 49, box 701, 3000 Leuven, Belgium. Phone: +32 16 34 19 73, Fax: +32 16 34 44 19.
Email: tim.vanuytsel@uzleuven.be

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The entire editorial board wishes you a pleasant reading with these highlighted and many other thought-provoking manuscripts.

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