Introduction

Gut is anatomically and functionally divided into small and large bowel. The small bowel, about 6 m long, extends from the pylorus to the ileocecal valve and represents the largest section of the digestive tract. It has four main functions: *motor*, necessary for the transport and mixing of nutrients with enteric, hepatic and pancreatic secretions; *absorptive*, indispensable for the intake of nutrients, vitamins, water, part of the bile salts, drugs; *immunological*, with its role of lymphoid organ composed of Peyer's patches, lymphoid cell of the lamina propria and intraepithelial leukocytes, mainly involved in the production of immunoglobulins, and *hormonal*, through the synthesis of substances, like gastrin, cholecystokinin, secretin, etc., with endocrine, neuroendocrine, paracrine or autocrine action.

That being said, it is evident that the current understanding of these functions represents the assumption to investigate the mechanisms involved in the physiopathology of small bowel and clinical expression of intestinal diseases. Scientific advancement in the field of functional anatomy, immunology, endocrinology and oncology have to consider genetic influences on clinical expression of different intestinal disorders that often show overlapping features. Current guidelines on the diagnosis, follow-up and treatment of small intestinal diseases should also take into account the concept of 'individual medicine', the response to treatment being possibly influenced also by pharmacogenetics.

It is for this reason that in this monographic issue of *Digestive Diseases* I involved both my long-standing collaborators and other qualified clinical researchers to illustrate some aspects about the large area of intestinal malabsorption. In this way I hope to satisfy more than just one medical category – from basic and clinical researchers to general physicians.

Giovanni Gasbarrini, Rome