Preface

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Gastroesophageal reflux disease (GERD) is one of the most common diseases of mankind. Increasingly, we as gastroenterologists are seeing more patients with both typical and atypical presentations of GERD, as well as its complications including peptic strictures, Barrett's esophagus and adenocarcinoma. Additionally, we are having to collaborate with our colleagues in surgery, pathology, radiology, pulmonary and ENT medicine as we treat the many facets of this protean disease.

This special issue of *Digestive Diseases* is entitled 'Current Issues and Controversies in GERD'. I have asked six colleagues to review the cutting-edge knowledge and controversies associated with the diagnosis and treatment of reflux disease, rather than extensively reviewing this disease for which many articles have been written and with which we are very familiar.

The lead-off chapter is entitled 'Medical Treatment of GERD – Beyond the Proton Pump Inhibitors' by Richard Holloway and John Dent of Adelaide, Australia. The authors primarily address the exciting new drug therapies which may impair transient lower esophageal sphincter relaxation. One of these, baclofen, is already undergoing clinical studies in humans. If effective, these new drugs may be particularly useful in patients with nonerosive or mild erosive reflux disease.

John Goldblum, a pathologist who works with my group at the Cleveland Clinic, follows with an article entitled 'Inflammation and Intestinal Metaplasia of the Gastric Cardia: *H. pylori*, GERD, or Both'. This is a hot and controversial area as esophagologists begin to creep down

into the proximal stomach. Intestinal metaplasia of the cardia appears to be common and may be confused with short segment Barrett's esophagus. However, this type of intestinal metaplasia is more likely related to chronic *H. pylori* infection and the outcome may be more benign. Additionally, Dr. Goldblum discusses our recent experience with cytokeratin immunohistochemical stains which may help differentiate intestinal metaplasia originating from the esophagus versus the stomach.

Dr. Ronnie Fass of the University of Arizona has the next provocative article entitled 'Empirical Trials in the Treatment of GERD'. This is a major issue in clinical practice where our patients want rapid symptom relief and the HMOs want us to limit our invasive tests. Dr. Fass' group has found that a short course of high-dose proton pump inhibitors is accurate and cost-effective in identifying noncardiac chest pain secondary to GERD. Other studies are suggesting this approach also may be beneficial in patients with traditional reflux symptoms as well as GERD-related cough.

Another Cleveland Clinic colleague, Gary Falk, has written an extensive review entitled 'Unresolved Issues in Barrett's Esophagus in the New Millennium'. His emphasis is on the controversies in Barrett's esophagus including why only a small subset of GERD patients develop Barrett's esophagus, the mechanisms for this injury, the importance of short segment Barrett's esophagus and intestinal metaplasia at the EG junction, and how to clinically and economically screen for Barrett's esophagus. Since adenocarcinoma of the esophagus is the major con-

cern in this area, he also addresses why only a small subset of Barrett's patients develop cancer, the role of biomarkers in helping to stratify risk, what is the appropriate technique and interval of endoscopic surveillance, and the future role of ablation therapies.

Finally, my best esophageal surgeon at the Cleveland Clinic, Tom Rice, tackles the difficult issue of 'Why Anti-reflux Surgery Fails'. He addresses the importance of selecting the right patient by a careful history, response to proton pump inhibitors and esophageal testing. The required skills of the antireflux surgeon are honestly dis-

cussed for both simple and complicated cases. Last, he addresses the critical operative principles of antireflux surgery including (1) restoration of the intra-abdominal esophagus, (2) reconstruction of the diaphragmatic hiatus and (3) reinforcement of the lower esophageal sphincter by the fundoplication. Failure to understand and recognize these problems appears to be contributing to the increasing frequency of failed antireflux procedures.

My colleagues and I hope you enjoy this special issue on GERD. Certainly, I have learned a few 'pearls of wisdom' from these contributions.