Foreword

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Few countries are safe of the problems related to alcoholic cirrhosis and if so, they recognize viral hepatitis as a main etiology, thus maintaining the prevalence of the disease at a high rate. Whatever the cause of the liver lesion, esophageal varices are in themselves a source of specific problems, pertaining not only to hepatology but also to surgery and internal medicine on the whole.

Since they are related to irreversible hepatic lesions, esophageal varices do not have a natural tendency to heal and will persist until the patient dies. The lethal risk related to hemorrhage needs to be covered by good expertise of the prophylactic as well as curative possibilities.

Therapeutic problems are both difficult and solvable. For the latter, we need:

- (1) Tools for an efficacious hemorrhage prophylaxis.
- (2) Good pharmacological information of the various drugs usable for prophylactic treatment as well as for acute bleeding.
- (3) Specialized intensive care units with satisfying technical possibilities and expert men behind them.
- (4) Good appreciation of long-term choices and well-defined strategies including successes and failures.
- (5) Active motivation of the patient to stop drinking alcohol.

This supplement of Digestive Diseases, devoted to 'Management of esophageal varices' and published under the direction of a world-reknown digestive pharmacologist, Carmelo Scarpignato and a brilliant clinician, Irvin Modlin, answers many questions and gives a presentation of specific knowledge from international groups. Diversity in authors' geographic origin, excellent selection of topics with a combination of pathophysiological, pharmacological, clinical, endoscopic, and surgical information makes this issue not only attractive, but also highly stimulating for building up specific decision trees.

However, one should remember that statistics is not the best way to help when making individual decisions. Technical possibilities are often related to individual experience and, for instance, liver transplantation could be only proposed in a limited number of countries. Surgical by-passes, to be successful, need personal experience on a large series of patients; when starting with a new technique, failures should unfortunately be accepted even at a high rate.

One should conclude that the content of this supplement is a collection of very precious up-dated material, representing an excellent baseline for correctly appreciating the future progress in the field of esophageal varices.

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