Introduction

Endoscopic interventions have continued to develop and expand at an incredible pace over the last decades and there appear to be few limits for endoscopic interventions to be applied in any part of the gastrointestinal tract. The presented topics highlight some of the most current aspects, controversies and recommendations in selected areas of interventional endoscopy.

Besides careful clinical examination and individualization of the endoscopic intervention based on the patient's characteristics, it is imperative to understand the biology and behavior of gastrointestinal diseases such as early neoplasias of the esophagus, stomach and colon for delivering the best possible endoscopic therapy. Bleeding peptic ulcer remains one of the key problems in the daily clinical practice of an endoscopist. A key instrument among novel developments is the double balloon enteroscope (DBE). The advent of DBE has opened a new access to the small bowel. The number of unknown or not yet described small bowel pathologies continues to increase, as well as the potential therapeutic interventions within the small bowel. Of note, since the advent of DBE, the classification of gastrointestinal bleeding had to be rewritten. Now, we classify gastrointestinal bleeding into upper (proximal to the ligament of Treitz), mid-gut (ligament of Treitz to the ileocecal valve) and lower (terminal ileum and colon). The DBE has also allowed us to perform complex biliopancreatic interventions in patients with surgically deranged bowel anatomy, such as Roux-en-Y anastomosis or surgical bypass. Surgical bypass is being performed more commonly for morbid obesity, which is a global epidemic. Every endoscopist should

have a thorough knowledge of postoperative gastrointestinal anatomy. The therapy for most pancreatic fluid collections has evolved from a primary surgical approach to a primary endoscopic approach. With this evolution we have also achieved a better understanding of the pathophysiology and anatomy of these collections. The terms *organized pancreatic necrosis* and *walled-off pancreatic necrosis* are new definitions of pancreatic fluid collections not previously noted in the Atlanta classification. Endoscopic ultrasound allows to perform fine needle aspiration of any node or organ adjacent or within the bowel wall and moreover opens access for therapeutic intervention. In this issue there was no mention of NOTES for two reasons. First, we wanted to include only methods that are part of the daily practice of the interventional endoscopist, and second, despite several years of experimental and pilot studies, there is still no real clinical utility of this exciting, but still 'immature' method.

In summary, this issue of *Digestive Diseases* contains a nice mix of state-of-the-art reviews and original contributions in the field of interventional endoscopy written by renowned experts, which we hope will add to the knowledge and encourage further developments in this exciting area of medicine.

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