

Highlights from the issue

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Yet another upper GI haemorrhage score...or essential risk stratification

This issues editor's choice has been carefully chosen in an admittedly, already heavily populated field. However, the profusion of past studies is a reflection of the lack of firm conclusions to have emerged. For those of us who are interventional endoscopists there is a critical need to develop a scoring system to help identify the patients who would benefit from early endoscopy, compared to those who can have a delayed procedure. In increasingly pressured healthcare systems, this question is clinically vital as well as having service planning implications. Irwin *et al* have tried to address this issue since none of the current scoring systems have been universally adopted, because they are either too complicated or don't answer this critical question. Whilst the data that emerges answers some of the key issues (such as which patients can be safely sent home) further questions are raised that need answering in future studies. Amongst the many emerging points raised by this paper from New Zealand is the assurance that coffee ground vomit represents a low-risk symptom and possibly counter-intuitive conclusions about inpatient acute bleeding presentations.

And continuing our series of clinically important endoscopy papers, we are delighted to highlight a manuscript from Rotterdam showcasing a

simple audit tool of ERCP performance. The tool is widely translatable to other units; at a time of vigorous debate within the endoscopic community regarding case-volume of ERCP procedures (some of which has been voiced in *Frontline Gastroenterology*) the instrument holds potential to provide useful auditable data.

Curriculum-based reviews and e-learning content from *Frontline Gastroenterology*

Our recently launched series of reviews of hepatology and gastroenterology have proved widely accessed and important sources of updated clinical knowledge. Covering topics that sometimes fall outside the commonest published reviews the series has covered science and medicine issues that are part of daily clinical practice. This edition of *Frontline Gastroenterology* sees a trio of these manuscripts. Two of the papers provide an update on the inter-related topics of colorectal cancer genetics and the polyposis syndromes. The third is a detailed and illustrated review of pyogenic liver abscess. The common aim of these publications is to bring to life vital areas of the gastrointestinal (GI) and hepatology curriculum, and allied to the text are a series of questions to test knowledge. These articles, and future ones in the series will be part of the online e-learning portfolio that *Frontline Gastroenterology* is launching.

Clinical tips in managing patients with inflammatory bowel disease: simple tips from straightforward studies

What do we do when a patient is azathioprine intolerant? Lee *et al* describe a cohort of 239 such individuals followed-up over a mean period of over 13 years. Lessons from this sort of cohort data are critical to improving care of IBD patients, especially in light of treatment modalities that have emerged during the time of follow-up, specifically as regimes of 'step-up' and 'step-down' therapy have been debated. Whilst some of the findings from this study may be predicted (such as steroid dependence in this azathioprine intolerant group), the findings about disease severity are helpful in helping stratify risk management and intensity of follow-up.

Chan and colleagues in St George's Hospital London report a survey of almost 1000 patients by a major UK Crohn's and colitis charity. This is the largest survey of exercise in this cohort. Support of the role of exercise in symptom improvement is provided, which can help clinic discussions with patients. However, the survey also evidences that many patients are unable to engage in sport fully due to symptoms associated with their inflammatory bowel disease (IBD). As research in to the mechanisms of tiredness in IBD are undertaken, this sort of data is important both in the clinic and to inform research questions.