



## Preface

# Pediatric gastroenterology



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*Guest Editor*

I am honored to act as Guest Editor for this issue of the *Gastroenterology Clinics of North America*. I have had the opportunity to work with excellent colleagues and have attempted to include new and exciting topics in pediatric gastroenterology. The topics discussed reflect the breadth of this field and emphasize the molecular basis of many of the related diseases.

Pediatric gastroenterologists have the opportunity to learn from adult gastroenterology colleagues at the forefront of clinical and scientific medicine. Although there is a great deal of overlap between the two disciplines, there are many unique problems facing the pediatric gastroenterologist. In addition to the significant challenges presented by the growth and development of a child, there is a significant number of disorders that are unique to pediatric gastroenterology. For many years the metabolic causes of pediatric disorders were poorly understood, which led them to be characterized as idiopathic. However, with dramatic advances in molecular medicine, we now have a better understanding of the etiology of these disorders. In addition, therapy for many of these problems has improved dramatically, and patients with many early onset metabolic and inherited diseases are now surviving into adulthood. The transition of these patients from the pediatric to the adult gastroenterologist is particularly important. Finally, we have a much better understanding of the molecular basis of gastrointestinal and hepatic diseases. In some cases, the inheritance of even one copy of a recessive gene appears to confer disease susceptibility, such as in the pancreatic disorders and the canalicular transport disorders.

The topics include a number of disorders seen by the pediatric gastroenterologist. In the first half of this issue, there are reviews of some of the diseases in which there have been recent advances in the molecular or immunologic basis of significant diseases. In the second half, many diseases that have special considerations for the young patient are presented. All of these disorders have improving therapies that will be relevant to the practice of both pediatric and adult gastroenterology.

I would like to thank my colleagues for their excellent contributions to this issue and to specially acknowledge and thank Kerry Holland of W.B. Saunders for all her help and support in putting it together.

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