

## Preface

# Medical Therapy of Inflammatory Bowel Disease



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*Guest Editor*

Inflammatory bowel disease (IBD) constitutes multisystem diseases of idiopathic origin. Since Drs. Crohn, Ginzburg, and Oppenheimer's initial description of Crohn's disease in 1932 and Drs. Wilks and Moxon's original description of ulcerative colitis in 1875, much has been learned about these two disorders. Both are found worldwide and spare no socioeconomic group.

Recent scientific and technological advances have not only led to greater understanding of the pathogenesis underlying these disorders, but have also enabled physicians and scientists to create better and more efficacious medical therapies for Crohn's disease (CD) and ulcerative colitis (UC).

Medical therapies for IBD aim to induce and maintain disease remission; decrease disease-associated complications, including malnutrition, osteoporosis, and colon cancer; and ultimately, improve the patient's quality of life. This issue of the *Gastroenterology Clinics of North America* discusses drug therapy and management strategies for the various site-specific presentations for CD and UC.

In this issue a highly distinguished group of sophisticated physician-scientists have been assimilated to present an updated guide to the current status of selected foci in gastroenterology as related to the medical therapy of IBS. The discussions range from laboratory-based findings to clinical pearls taking us from the bench to the bedside. These articles highlight many of the advances to date and also demonstrate the enthusiasm generated by

current work in each area. This issue not only reviews the current state of the art but will also prepare you for the future.

The subject matter is wide ranging and thus every area as they relate to medical therapy of inflammatory bowel disease will not be covered. Thus, it is anticipated that this issue will serve as a repository of the current basic and scientific knowledge for investigators in the field. We hope we have supplied a review of the pertinent pathophysiology for the practicing physician/health care deliverer and a clinical framework for assessment and treatment of patients with IBD.

I am indebted to my fellow contributors for providing uniformly outstanding, detailed critical reviews amid their already busy schedules. My gratitude is also extended to Ms. Heather Cullen for her outstanding editorial assistance and her superb guidance in this issue. Lastly, I am most appreciative and extend thanks to all my colleagues, patients, and those who have supported research in the field and have helped me uncover and extend the boundaries of my knowledge of inflammatory bowel disease.

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