

PREFACE

Common Gastrointestinal and Hepatic Infections



Richard Goodgame, MD
David Y. Graham, MD

Guest Editors

This issue is not about the rare, exotic, or seldom-visited gastrointestinal, hepatic, and pancreatic infections. It is about helping clinicians master some of most common and most significant “every day” infections of the gut, liver, and pancreas. Oliver Wendell Holmes said that we need education in the obvious more than investigation of the obscure. That has been our mantra. The goal of this issue is to present common gastrointestinal and hepatic infections with uncommon clarity, unusual practicality, and rare focus. Even familiar places are better understood with a set of carefully drawn maps and notes, and we thank each of the contributors for their outstanding efforts. We believe that many patients with these common infections will be well served.

For example, almost every American gets acute infectious diarrhea every year. Most cases are caused by norovirus which, although seldom lethal, wreaks havoc as our nation’s number one cause of food-borne illness and epidemic diarrhea. Just ask cruise ship patrons and their hosts! The prevention and treatment of travel-related diarrhea is an issue with millions of traveling Americans, whether they travel by sea, air, or land. They are at risk for getting “not norovirus” traveler’s diarrhea, which, along with other acute inflammatory bacterial infections of the intestine, are important and preventable causes of chronic irritable bowel syndrome.

Questions about the diagnosis (ruling in and ruling out) of *Helicobacter pylori* infection and its evil twin, functional dyspepsia, are daily occurrences for many physicians. In the differential diagnosis of chronic gastrointestinal problems, whether dyspepsia, diarrhea, or chronic abdominal pain, some of the most common infections that must be considered are the frequently encountered protozoa: giardia, amoeba, and cryptosporidium. Unfortunately, our patients not only travel abroad but travel from their homes to the hospital, many because of acute severe infections. Acute appendicitis, diverticulitis, pancreatitis, and biliary sepsis are common reasons for hospital admission and involve common controversies about diagnostic imaging and medical, endoscopic, radiologic, laparoscopic, or standard surgical treatment. Surgeons were among the first in the United States to sound the alarm about the increasing frequency and lethality of *Clostridium difficile*. The approach to this common infection has included therapy with probiotics, which is attractive to many of our patients, if not many of our colleagues. Common liver infections, including hepatitis B and hepatitis C (with or without coinfection with immunodeficiency virus), have come to dominate inpatient and outpatient hepatology in recent years.

Each of these articles is an examination and elaboration of the ordinary. We hope that the whole endeavor makes us all extraordinary.

Richard Goodgame, MD
Baylor College of Medicine
1 Baylor Plaza, Room 525-D
Houston, TX 77030, USA

David Y. Graham, MD
Veterans Affairs Medical Center-111D
2002 Holcombe Boulevard, Room 3A-320
Houston, TX 77030, USA

E-mail addresses: goodgame@bcm.tmc.edu,
dgraham@bcm.tmc.edu