

Essential reading from the editor's desk

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With summer 2021 slowly approaching and vaccination campaigns catching up, exit strategies from the current Coronavirus Disease 2019 (COVID-19) pandemic are being laid out, providing hope for a better second half of 2021 and 2022. This crisis has had a profound impact on the functioning of our gastroenterology services, including the challenges of developing numerous strategies to protect both our patients and staff from COVID-19 (1). Also our transplant programmes have suffered from this crisis through organ donor shortage and reduction of capacity of the operating theatre and the intensive care unit. Last year, the Belgian Liver Intestine Transplant Committee (BeLIAC) have published their recommendations in an attempt to mitigate the negative effects of the pandemic on the transplant programmes and highlighted the limited number of donor organs as the most important roadblock to move forward in liver transplantation (2). In the current edition the *Acta*, Dr. Dahlqvist and colleagues from the BeLIAC further elaborate on potential strategies to expand the pool of transplantable organs, especially in light of emerging indications for life-saving liver transplantation such as refractory alcoholic hepatitis, hepatocellular carcinoma outside the standard indications and liver-metastasized colorectal cancer (3).

Besides our role as a guiding light for future developments in several areas in gastroenterology and hepatology, we also continue to provide reviews on common clinical problems which are relevant for our readers. In this edition, we have the pleasure to publish a state of the art review on portal vein thrombosis (PVT) by Dr. Galante and De Gottardi from the Università della Svizzera Italiana in Lugano, Switzerland (4). The senior author was also an invited speaker on this topic during this year's (virtual) Belgian Week of Gastroenterology. This thoughtful review provides clear guidance and evidence on whom (recent PVT), how (low-molecular weight heparins initially, followed by vitamin K antagonists or direct oral anticoagulants, sometimes interventional vascular procedures) and how long (generally 6 months, longer in candidates for liver transplantation or in case of hypercoagulability) to treat.

Diverticulitis-associated colitis (DAC) is a relatively newly characterized and often neglected inflammatory

bowel disease (IBD) of the interdiverticular mucosa with rectal sparing, differentiating it from ulcerative colitis. However, the data on its disease course and treatment are relatively limited. Dr. Vulsteke and colleagues have performed a retrospective analysis of their 37 DAC patients over a period of 10 years (5). They found that DAC is more common in elderly males and mesalazine is proposed as an effective first-line treatment with add-on treatment with corticosteroids only in rare cases.

In patients with Crohn's disease a laparoscopic right hemicolectomy is a reasonable alternative to medical therapy in case of limited, non-stricturing, ileocaecal inflammation (6). However, post-operative pain should be discussed with the patient and included in the decision-making process. Dr. McKeivitt and colleagues analyzed post-operative pain scores after right hemicolectomy for Crohn's disease, which were demonstrated to be significantly higher compared to the same procedure for neoplasia (7). Moreover, post-operative CRP values were higher, suggesting an enhanced post-operative inflammatory response in Crohn's disease.

The entire editorial board wishes you a pleasant reading with these highlighted and many other interesting and thought-provoking articles!

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