

Essential to read from the editorial board

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This issue features several important original papers as well as comprehensive reviews.

Effective management of inflammatory bowel diseases (IBD) requires regular assessment of patient-reported outcomes (PROs) and daily life factors to enhance disease control. Technological advancements now enable more frequent and accurate capture of PROs and quality-of-life metrics. Studies suggest that telemonitoring is well-accepted in IBD care and can improve clinical outcomes while reducing costs in the short term (1). Delhougne et al. present a single-centre prospective study exploring the feasibility of telemonitoring using a connected watch and/or mobile application. This system assesses PROs related to both gastrointestinal and extra-intestinal symptoms, as well as mental well-being and productivity. The study found that while patients showed good acceptance of the approach and clinicians recognised the value of capturing PROs more comprehensively, adherence and feasibility were suboptimal. These findings suggest that the tools require further refinement to ensure consistent use, improve usability, and optimise patient selection for routine clinical application.

Managing complex perianal fistulae (CPF) in IBD, which affects up to 50% of patients, remains a challenge despite advances in therapies. Key gaps persist, including the absence of a validated definition for perianal healing, clear treatment targets, and standardised follow-up protocols (2). The PREFACE study by Ferrante et al. analysed Crohn's disease patients with CPF before the availability of newer therapies. It found that 40% were on anti-TNF treatment, and 60% achieved fistula non-drainage at follow-up. Further studies are needed to establish optimal targets and evaluate the impact of emerging treatments.

This issue also features two notable papers on interventional endoscopy. The first examines the feasibility and learning curve for novices performing endoscopic submucosal dissection (ESD)—a complex technique that has revolutionised endoscopic practice (3). Remarkably, the study focuses on ESD performed without the use of devices or training models, relying instead on strict, direct supervision by experts. This represents an important initial step towards disseminating ESD training in carefully selected centres with limited access to dedicated ESD training facilities. The second paper highlights the feasibility and efficacy of gastric per-oral endoscopic myotomy (GPOEM) in the management of gastroparesis, a debilitating condition with limited effective conventional treatments. The procedure was safe and successful in over 70% of cases, resulting in improved quality of life and a reduction in PPI intake. This study confirms that GPOEM is a promising technique for the effective management of gastroparesis refractory to conventional therapies.

References

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