Suna Yapalı
Covering the Cover Editor of this Issue

COVERING THE COVER

Effect of concomitant ankylosing spondylitis on the long-term outcome of patients with inflammatory bowel disease

Atay et al. investigated the outcome of patients with coexisting inflammatory bowel disease and ankylosing spondylitis (IBD+AS) in a retrospective cohort of 152 IBD and 76 IBD+AS patients. The overall frequency of AS in the IBD cohort of 1640 patients, Crohn's disease (CD) cohort of 705 patients, and ulcerative colitis (UC) cohort of 935 patients was reported as 4.6%, 7%, and 2.9%, respectively. Compared to UC, concomitant AS was more common in patients with CD. The disease presentation was IBD in 68%, AS in 14%, and simultaneous IBD and AS in 18% patients. Patients with IBD+AS had a longer follow-up duration and tended to have more flares requiring steroid treatment and a higher rate of anti-tumor necrosis factor (TNF) use. However, the duration of TNF use was similar in both groups. Compared to patients with CD+AS, internal fistula was more common in patients with CD. The disease location and behavior were similar in both groups, except that IBD patients had higher penetrating CD. The resection-free survival rate was similar in patients with IBD and IBD+AS. An age–sex adjusted logistic regression analysis showed that disease duration was the only predictor of resection among the patients with IBD and IBD+AS. However, in IBD+AS patients, penetrating-type CD was the only predictor of resection. In conclusion, accompanying AS did not have a substantial effect on the rates of surgical resection. Despite the small number of patients in the IBD+AS cohort, the study highlighted an important question about patients with AS and IBD from an experienced center with a high burden of IBD and AS patients. Based on the high rate of anti-TNF use in patients with IBD+AS, I would speculate whether the early initiation of anti-TNF therapies by rheumatologists have a role in controlling complications of IBD. Although the duration of anti-TNF use was similar in both groups, the duration between disease presentation and initiation of anti-TNF use can be evaluated as a predictor of resection among these groups. See page 599.

Assessment of HLADP gene polymorphisms rs3128917 and rs9380343 in chronic hepatitis B infection

Data are scarce on the role of host genetic factors that determine the immune control against hepatitis B virus (HBV) infection. The study by Akgonullu et al. investigated the role of HLA variants in a Turkish cohort comprising 238 patients with chronic HBV (CHB) and 238 patients who underwent spontaneous clearance. The authors reported an association of HLA-DPB1 gene polymorphism rs9380343 with CHB risk, while no relation was reported with rs3128917. Compared to the patients with the CC genotype, patients with rs9380343 TC genotype were found to have a 2.23-fold risk of CHB infection. The risk was higher in male patients. This study substantially contributes to the existing data examining the role of HLA variants in the Caucasian cohort. See page 616.

Newly developed colonoscope (PCF-PQ260L) is beneficial in patients with difficult colons

The PCF-PQ260 L colonoscope was recently developed, with an outer diameter of 9.2 mm. In addition to the routine maneuvers, the scope provides passive bending and high-force transmission mechanisms, thereby reducing patient discomfort. In this retrospective study, Inoki et al. compared the performance and usefulness of the PQL colonoscope between 105 patients who underwent colonoscopy using the PQL colonoscope and 1119 patients who underwent colonoscopy using the standard colonoscope. The indication for PQL scope was defined as the failure of colonoscopy with the standard scope. Cecal intubation and adenoma detection rates were found similar between the PQL and standard scopes. The cecal intubation time was shorter with PQL scopes in patients with a difficult colonoscopy history. The results of this study encourage the use of PQL scopes particularly in patients with adhesions, long colons, and previous colonoscopy failures; however, the lack of magnification is an important limitation. See page 630.

Advantages of water immersion colonoscopy in ambulatory services

Water immersion colonoscopy is used to achieve sufficient distention of the colon for visualizing the way forward; keep the lumen minimally distended with water for reducing angulations in the colon; and facilitate advancement with less looping of the instrument. In this study, Neag et al. compared the patients' discomfort between water immersion and air insufflation colonoscopies in a randomized prospective study of 100 patients. The examination and post-examination discomfort scores (particularly in women) were lower with water immersion colonoscopy, and lower use of sedatives was achieved. The total procedure time did not differ in both groups, but the cecal intubation time was 3 minutes less in water immersion colonoscopy compared to air insufflation. The longer cecal intubation time was positively correlated with a higher discomfort score. Despite the high patient sat-

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isfaction rate in this study, meta-analysis of the randomized controlled studies have shown that the adenoma detection rate was higher with the water exchange colonoscopies compared to the water immersion technique. See page 636.

Diagnostic efficacy of serum procalcitonin, IL-6, IL-2, and D-dimer levels in an experimental acute appendicitis model

In this issue , Destek et al investigated the diagnostic accuracy of serum procalcitonin (PCT), IL-6, IL-2, and D-dimer levels in an experimental acute appendicitis model. The experimental model included control, sham and appendicitis groups in which the levels of the cytokines were evaluated at 12, 24 and 48 hour. Sensitivity and positive predictive values of PCT and IL-6 were 90%. Receiver operating curve (ROC) analysis showed a higher accuracy of PCT and IL-6 for acute appendicitis. To avoid unnnecessary laparotomies, the authors recommended the use of PCT and IL-6 in patients with inconclusive clinical and radiologic clinical presentation. See page 641.