

## COVERING THE COVER

### ***Sexual function after proctectomy in patients with inflammatory bowel disease: A prospective study***

Sexual function (SF) is an underestimated parameter in patients with inflammatory bowel disease (IBD), which is likely to be impaired in many cases. The data on SF-influencing parameters in IBD is not clear. In this manuscript, the authors aimed to enlighten the impact of proctectomy on SF of patients with IBD, by examining the postoperative outcome according to age, gender, type of IBD and surgical procedure. The surgical options were either restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA), or total proctocolectomy with permanent end ileostomy (TPC). Validated questionnaires about SF was completed by all participants before and at postoperative sixth month. The 5-item International Index of Erectile Function (IIEF-5) was used for men and the Female Sexual Function Index was used for woman participants. Both test scores did not change significantly before and after the surgery, which refers to negligible role of proctectomy on SF. This study is prominent in terms of investigating the impact of surgery on SF in patients with IBD patients, which is a recondite entity. However, larger cohorts with longer follow-up periods are required in this respect. See page 943.

### ***"Watch and wait" approach in rectal cancer patients following complete clinical response to neoadjuvant chemoradiotherapy does not compromise oncologic outcomes***

The mainstay treatment strategy for locally advanced rectal cancer is neoadjuvant chemoradiotherapy (nCRT) followed by total mesorectal excision. Around 10-30% achieves complete clinical or pathological response after nCRT, who can be a candidate for non-surgical follow-up. In this manuscript, the authors aimed to determine the validity of this "watch and wait" strategy, by comparing the long-term outcomes with patients who received nCRT plus radical surgery and achieved pathological complete response. There were seven patients in both arms and whole cohort was followed up for approximately five years. The 5-year survival rates were 100% in both arms. The morbidity rates were higher in the surgery arm as expected. Despite the small number of cohort in this study, the results are noteworthy to consider "watch and wait" strategy in patients with rectal cancer who achieves complete response after nCRT. See page 951.

### ***Evaluation of MOTAKK hepatitis C virus RNA genotyping and hepatitis delta virus external quality assessment programs 2015-2016 results***

Accurate genotyping is indispensable for the management of HCV patients. The treatment option and period may change according to HCV genotype. Commercially available kits for HCV genotypes are limited, and sequencing of the specific region of the viral genome is impractical on a large scale due to complexity of the procedure. For HDV, the quantification of HDV RNA viral load is the integral of the management of HDV patients. Most of the assays underestimate or fail to detect HDV RNA in positive samples. Therefore, providing standardized kits for quantification of HDV RNA is urgently needed in order to precisely evaluate the efficiency of new HDV therapies.

In this manuscript, the authors aimed to expose the results of a national external quality assessment program in HCV RNA genotyping and HDV RNA quality control panels for a period of one-year (2015-2016). They determined a success rate of 56-96% and 30-95 for HCV genotyping in 2015 and 2016, respectively among 23 and 20 laboratories. On the other hand, HDV RNA detection rates had a success rate of 71-100% for 2015 and 50-100% for 2016, among 15 and 16 laboratories respectively. The value of this manuscript comes from being the first national external quality control program in Turkey, investigating the correction rates of HCV RNA genotyping and HDV RNA. See page 957.

### ***Is small intestinal bacterial overgrowth a cause of hyperdynamic circulation in cirrhosis?***

Bacterial translocation, the passage of bacteria and bacterial components from the intestinal lumen to the intestinal wall, mesenteric lymph nodes, portal and systemic circulation, is thought to play a principal role in the pathogenesis of hyperdynamic circulation by causing systemic inflammation in patients with cirrhosis. Factors predisposing to the development of bacterial translocation in cirrhosis are small intestinal bacterial overgrowth (SIBO), gut dysbiosis, increased intestinal permeability, and impaired function of gut mucosa-associated immune system. Of those, SIBO is the only parameter we can diagnose and manage in clinical practice.

In this manuscript, the authors aimed to reveal the influence of SIBO on hemodynamic changes in cirrhosis by studying lactulose hydrogen breath test and echocardiography with simultaneous assessment of vital measurements. They

found out a negative association of SIBO with systolic blood pressure and systemic vascular resistance, but a positive correlation with cardiac output and C-reactive protein. Furthermore, they found out that SIBO was associated with vasodilation and hyperdynamic circulation in decompensated cirrhosis, but not in compensated cirrhosis. In this pilot study, the authors pointed out that SIBO is associated with hemodynamic parameters and systemic inflammation in cirrhosis. However, there are a few major limitations such as indirect measurement of SIBO and hemodynamic parameters, and lack of adequate participants. These interesting findings should be tested further in larger studies to better understand the potential relation. See page 964.

***Percutaneous drainage for hinchey 1B and II acute diverticulitis with abscess improves outcomes***

Diverticulitis stands as the most feared complication of diverticular disease. Uncomplicated diverticulitis cases

can be successfully treated with nonoperative managements; however complicated diverticulitis is still a clinical dilemma for surgeons. Percutaneous drainage of accompanying abscess to diverticulitis is an option to delay surgery. In this manuscript, the authors have investigated the indications of percutaneous drainage in patients with Hinchey Ib and II acute diverticulitis. Out of 134 patients with acute diverticulitis with abscess, 21 underwent percutaneous abscess drainage, of which only 2 required emergent surgery. When comparing the same admission vs elective surgery, they found out better results in the elective surgery arm, in terms of increased use of laparoscopy and decreased morbidity including diverting stoma. Despite the retrospective nature of this study, important results are presented for clinical practice. Aggressive utilization of percutaneous drainage may reduce the need for emergent surgery, resulting in better outcomes. See page 976.