

Pediatric Inflammatory Bowel Disease: Perspective and Consequences

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(from the series *Pediatric and Adolescent Medicine*,
Vol. 14, Editors: D. Branski, W. Kiess)

Karger, 2009

ISBN 978-3-8055-9134-8; \$178.00 [198 pages]

The importance of inflammatory bowel disease is underlined by the extensive resources dedicated to elucidating its genetic and molecular causes as well as development of new and innovative treatments. The chronic and relapsing nature of this disease carries significant risks of morbidity, of which many (growth failure, malnutrition, pubertal delay, and psychosocial disability) carry a unique and distinct impact in the pediatric population. Clinicians treating children with IBD are faced with a considerable, and continually evolving, body of literature on diagnostic and therapeutic modalities.

The aim of this volume, the latest in a series also including such topics as celiac disease, obesity, and diabetes, is to increase the understanding of childhood IBD for both general and specialty physicians. In thirteen chapters, written by 32 contributors from the United States, Europe, and Israel, this book presents a thorough, concise, and up-to-date summary of this challenging subject. As it necessarily covers a variety of terrain, ranging from basic science (pathogenesis and genetics) to clinical and psychosocial concerns (medical and surgical care, transition to adulthood), each section takes a slightly different style and approach. Despite some overlap between chapters, the 13 topics are well integrated and complementary, and each section successfully summarizes established and new information in a comprehensive manner that is well supported with appropriate photographs, figures, tables, and references.

Specific chapters may be of particular interest to different care providers. For instance, those on Pathogenesis and Genetics frame the issues at the forefront of IBD research—namely, interactions between innate and adaptive immunity, environmental triggers, and host response—in a way that will satisfy readers who seek the scientific basis of this disease. On the other hand, practicing clinicians will appreciate the well-written diagnostic and therapeutic sections that compose the remainder of the book, particularly the

excellent chapters on Clinical Diagnosis (by Bousvaros) and Medical Therapy (by Kappelman and Rufo), the latter of which includes specific treatment algorithms for Crohn's disease and ulcerative colitis. Also extremely helpful are the extensive color images presented in the chapters on Radiologic Imaging, Endoscopy, and Pathology. The book could have been improved in some areas, including stylistic flow of certain chapters, additional figures in basic science sections, and more detail on evidence-based treatment recommendations. However, this is a minor point and does not much detract from the usefulness of this book. The authors and editors also do a commendable job of acknowledging areas of controversy in IBD management while presenting a balanced view of the evidence for each side.

In summary, this book is a thoughtful, well-balanced, and concise summary of the current state of the art in pediatric inflammatory bowel disease. Though not meant to be exhaustive, it provides the proper framework and references to guide more detailed exploration as the individual reader requires. It should prove a useful reference for gastroenterologists in practice or training, as well as other providers (surgeons, primary care providers) interested in an overview of all facets of childhood IBD.

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Boston Scientific Announces FDA Clearance and CE Mark Approval for Advanix™ Biliary Stents

Latest innovation in plastic biliary stent technology includes features for enhanced deliverability, efficiency and procedural control

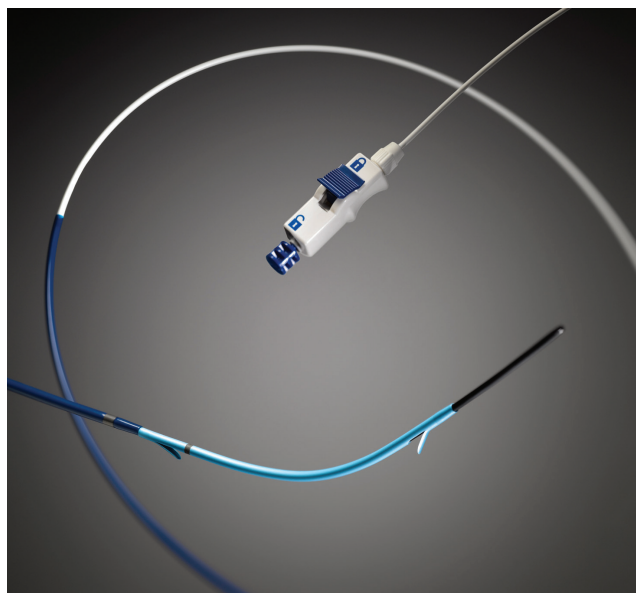
Boston Scientific Corporation today announced that it has received 510(k) clearance from the U.S. Food and Drug Administration and CE Mark approval to market its Advanix™ Biliary Plastic Stents for the treatment of biliary strictures, including biliary stone disease, benign biliary strictures, and suspected and confirmed malignancies in the biliary system. The product is now available in Europe and other international markets; the Company plans to launch it in the U.S. this quarter.

Endoscopic therapy, specifically with stent placement, has gained acceptance as a first line of treatment for biliary strictures and offers a less-invasive alternative to surgery. Results from a published study of patients with post-operative benign bile duct strictures demonstrated that stenting has similar long-term success rates and lower early complication rates compared to surgery [1].

The Advanix Biliary Stent is designed to accommodate a range of clinical requirements and includes features for improved deliverability in navigating tortuous anatomy. It employs the NaviFlex™ RX Delivery System, which offers physicians the flexibility to employ both long-wire and short-wire guidewires during access and stent placement. The pre-loaded stent within the delivery system enables physicians to reposition the stent, helping to ensure accurate placement. The highly visible guidewire exit port allows for easier manipulation during the procedure.

“The Advanix Biliary Stent System features significant developments in plastic stent technology,” said Stuart Sherman, M.D., Clinical Director of Gastroenterology and Hepatology, and Director of the ERCP [2] program at Indiana University Medical Center in Indianapolis. “Improvements in design provide greater procedural control and efficiency while navigating tight strictures in the bile ducts, facilitating stent placement and removal. The thin wall and increased inner diameter of the stent may provide extended patency of the duct, which could improve treatment outcomes.”

“Boston Scientific remains committed to delivering innovation and leadership in endoscopic stent tech-



nology,” said Michael Phalen, Senior Vice President, and President of Boston Scientific’s Endoscopy Division. “The Advanix Biliary Stent System represents the latest advances in plastic stent design, enabling physicians to more efficiently and effectively treat blockages in the bile duct. In addition, it strengthens our broad stent portfolio and provides another solution for the ERCP suite.”

Benign strictures in the bile duct are typically caused by prior surgical procedures, biliary stones or chronic pancreatitis, a disease in which digestive enzymes begin to break down and attack the pancreas. Chronic pancreatitis is extremely painful and in severe cases, can lead to infection, shock and respiratory failure. The most common cause of malignant biliary obstruction is pancreatic cancer, which is rarely diagnosed in the early stages, and is the second most common cause of death among gastrointestinal cancers. Other causes of malignant biliary obstructions include bile duct, liver and gallbladder cancer.

The Advanix Biliary Stent and NaviFlex RX Delivery System are available in a variety of sizes and shapes to accommodate both malignant and benign biliary strictures, distinct patient anatomies and physician preferences.

1. Davids, P., M.D., et al, “Benign Biliary Strictures: Surgery or Endoscopy,” *Annals of Surgery*, 1993; 217(3) 237-243.
2. Endoscopic Retrograde Cholangiopancreatography