Welcome to “Frontiers in Endoscopy,” a new Practical Gastroenterology series. Endoscopy continues to progress and develop at a rapid pace, with advancement coming along multiple different lines. Along one line, entirely new techniques are being developed, most notably natural orifice transluminal endoscopic surgery (NOTES) and interventional endoscopic ultrasound (EUS) approaches to new and old problems. Along other lines, old techniques such as biliary cannulation in endoscopic retrograde cholangiopancreatography (ERCP) continue to undergo development and refinement, with small changes in technique manifesting with significant differences in outcomes, success, and complication rates. Furthermore, device technology itself is progressing, allowing endoscopists to perform procedures that in the past were considered “impractical” or “unsafe” in a routine manner. The introduction of covered metal stents, for example, has driven the tremendous expansion of indications for the use of biliary and esophageal stents. Not so long ago, biliary and esophageal metal stents had only one indication each: the palliation of malignant biliary obstruction and malignant dysphagia, respectively. Any use of these devices beyond these indications was considered out of bounds by most physicians. Covered metal stents create the potential for removability, and has opened up the use of these devices in a wide range of settings including the treatment of benign strictures and leaks, the management of post-surgical complications, and even cross-modality uses such as combining interventional ultrasound with covered metal stent technology to drain an abscess or a pseudocyst in a trans-mural manner.

This series will bring to the reader a selection of some of the most interesting and exciting aspects of endoscopy, including new takes on some old favorites and updates on new, cutting-edge technologies. ERCP, EUS, and luminal endoscopy will all be covered in detail. We hope you find these papers to be both useful and enjoyable.