Essential reading from the editorial board

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It is my great pleasure and privilege to introduce this new issue of Acta Gastro-Enterologica Belgica to you, the first edition in my new role as Editor-in-Chief. Together with deputy Editor-in-Chief Astrid Marot, we will do our utmost to uphold the scientific quality and relevance of the journal, and to guarantee a swift and efficient review process for all authors considering to submit their work.

We would also like to take this opportunity to thank Catherine Reenaers, our past Editor-in-Chief, for her dedication to the journal over the past few years.

As the national Belgian journal for gastroenterology and hepatology, one of the missions of the Acta Gastro-Enterologica Belgica is to provide guidelines on the diagnosis and treatment of various gastrointestinal disorders. In the past years we have published excellent Belgian national guidelines on hemorrhoids (1) and irritable bowel syndrome (2), using Delphi consensus methodology. This issue of Acta Gastro-Enterologica Belgica contains 2 new Belgian consensus guidelines on behalf of the neurogastroenterological community. One details current evidence on diagnosis and management of functional dyspepsia (3). The second paper focuses on the approach to chronic idiopathic diarrhea (4). The importance of these Belgian-based Delphi consensus papers cannot be understated. They provide an evidence-based yet practical approach for these common conditions, based on national experience and including only diagnostic tests and therapeutic strategies which are available in Belgium. This provides a wealth of information for general practitioners and gastroenterologists alike. At least as important, both guidelines clearly debunk tests and treatments that are not supported by evidence-based medicine. We applaud these efforts and look forward to similar consensus guidelines on different topics in gastroenterology and hepatology.

Embedded transpapillary self-expandable metal stents (SEMS) can present a real challenge to therapeutic endoscopists. Bronswijk and colleagues report on a balloon-assisted stent extraction technique which proved successful in 83% of cases, even when a fully covered SEMS was embedded (5). Most of these cases had previous, unsuccessful extraction attempts using a variety of techniques. The authors reported no major procedure-related adverse events. Balloon assisted SEMS extraction is therefore an important addition to the arsenal of therapeutic endoscopy.

Lambrechts and colleagues provide an extensive review on the efficacy and safety of the capecitabine-temozolomide (CAPTEM) regimen in patients with neuroendocrine neoplasm (NEN) on behalf of the Belgian ENETS Center of Excellence (6). 36 patients with NET grades 1-3 and neuroendocrine carcinoma were retrospectively assessed. Median progression-free survival and median overall survival were 13 and 17 months respectively, with the highest response rate in patients with pancreatic NEN. Tolerance and safety were both favourable. These data provide a solid background to position CAPTEM as a solid option in the therapeutic landscape of NEN.

Esophageal lichen planus is a rare but underrecognized manifestation of this mucocutaneous inflammatory disorder. Awareness of this entity and early diagnosis is important, considering the risk of esophageal stenosis and malignant transformation. Oosterbosch and colleagues performed a narrative review on this topic and elaborate on current diagnostic criteria and management of patients with esophageal lichen planus (7).

As always, the Acta also presents you with several interesting and didactic case reports which are well worth reviewing.

Enjoy your Acta,
Heiko De Schepper & Astrid Marot

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Submission date: 01/06/2025
Acceptance date: 01/06/2025

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