

World Journal of *Gastrointestinal Pharmacology and Therapeutics*

World J Gastrointest Pharmacol Ther 2017 November 6; 8(4): 193-209





ORIGINAL ARTICLE

Case Control Study

- 193 Association of miR-146 rs2910164, miR-196a rs11614913, miR-221 rs113054794 and miR-224 rs188519172 polymorphisms with anti-TNF treatment response in a Greek population with Crohn's disease
Papaconstantinou I, Kapizioni C, Legaki E, Xourgia E, Karamanolis G, Gklavas A, Gazouli M
- 201 Protozoan parasites in irritable bowel syndrome: A case-control study
Jadallah KA, Nimri LF, Ghanem RA

LETTERS TO THE EDITOR

- 208 Fecal microbiota transplantation against irritable bowel syndrome? Rigorous randomized clinical trials are required
Abadi ATB

Contents

World Journal of Gastrointestinal Pharmacology and Therapeutics
Volume 8 Number 4 November 6, 2017

ABOUT COVER

Editorial Board Member of *World Journal of Gastrointestinal Pharmacology and Therapeutics*, Brian Wigdahl, PhD, Professor, Department of Microbiology and Immunology, Drexel University, College of Medicine, Philadelphia, PA 19104, United States

AIM AND SCOPE

World Journal of Gastrointestinal Pharmacology and Therapeutics (*World J Gastrointest Pharmacol Ther*, *WJGPT*, online ISSN 2150-5349, DOI: 10.4292), is a peer-reviewed open access academic journal that aims to guide clinical practice and improve diagnostic and therapeutic skills of clinicians.

WJGPT covers topics concerning: (1) Clinical pharmacological research articles on specific drugs, concerning with pharmacodynamics, pharmacokinetics, toxicology, clinical trial, drug reactions, drug metabolism and adverse reaction monitoring, etc.; (2) Research progress of clinical pharmacology; (3) Introduction and evaluation of new drugs; (4) Experiences and problems in applied therapeutics; (5) Research and introductions of methodology in clinical pharmacology; and (6) Guidelines of clinical trial.

We encourage authors to submit their manuscripts to *WJGPT*. We will give priority to manuscripts that are supported by major national and international foundations and those that are of great basic and clinical significance.

INDEXING/ABSTRACTING

World Journal of Gastrointestinal Pharmacology and Therapeutics is now indexed in PubMed, PubMed Central.

FLYLEAF

I-IV Editorial Board

EDITORS FOR THIS ISSUE

Responsible Assistant Editor: *Xiang Li*
Responsible Electronic Editor: *Ya-Jing Lu*
Proofing Editor-in-Chief: *Lian-Sheng Ma*

Responsible Science Editor: *Li-Jun Cai*
Proofing Editorial Office Director: *Xin-Xia Song*

NAME OF JOURNAL

World Journal of Gastrointestinal Pharmacology and Therapeutics

ISSN

ISSN 2150-5349 (online)

LAUNCH DATE

May 6, 2010

FREQUENCY

Quarterly

EDITOR-IN-CHIEF

Hugh J Freeman, MD, FRCPC, FACP, Professor,
Department of Medicine (Gastroenterology), University of British Columbia, Hospital, 2211 Wesbrook Mall, Vancouver, BC V6T1W5, Canada

EDITORIAL BOARD MEMBERS

All editorial board members resources online at <http://www.wjgnet.com/2150-5349/editorialboard.htm>

EDITORIAL OFFICE

Xiu-Xia Song, Director
World Journal of Gastrointestinal Pharmacology and Therapeutics
Baishideng Publishing Group Inc
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-2238242
Fax: +1-925-2238243
E-mail: editorialoffice@wjgnet.com
Help Desk: <http://www.f0publishing.com/helpdesk>
<http://www.wjgnet.com>

PUBLISHER

Baishideng Publishing Group Inc
7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA
Telephone: +1-925-2238242
Fax: +1-925-2238243
E-mail: bpgoffice@wjgnet.com
Help Desk: <http://www.f0publishing.com/helpdesk>
<http://www.wjgnet.com>

PUBLICATION DATE

November 6, 2017

COPYRIGHT

© 2017 Baishideng Publishing Group Inc. Articles published by this Open-Access journal are distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non commercial and is otherwise in compliance with the license.

SPECIAL STATEMENT

All articles published in journals owned by the Baishideng Publishing Group (BPG) represent the views and opinions of their authors, and not the views, opinions or policies of the BPG, except where otherwise explicitly indicated.

INSTRUCTIONS TO AUTHORS

<http://www.wjgnet.com/bpg/gerinfo/204>

ONLINE SUBMISSION

<http://www.f0publishing.com>

Fecal microbiota transplantation against irritable bowel syndrome? Rigorous randomized clinical trials are required

Amin Talebi Bezmin Abadi

Amin Talebi Bezmin Abadi, Department of Bacteriology, Faculty of Medical Science, Tarbiat Modares University, Tehran 14115, Iran

ORCID number: Amin Talebi Bezmin Abadi (0000-0001-5209-6436).

Author contributions: Abadi ATB designed the paper and approved the final manuscript.

Conflict-of-interest statement: All the authors declare that they have no competing interests.

Open-Access: This article is an open-access article which was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>

Manuscript source: Unsolicited manuscript

Correspondence to: Amin Talebi Bezmin Abadi, PhD, Assistant Professor, Department of Bacteriology, Faculty of Medical Sciences, Tarbiat Modares University, P.O. Box 111, Tehran 14115, Iran. amin.talebi@modares.ac.ir
Telephone: +98-21-82884883
Fax: +98-21-82884883

Received: June 18, 2017

Peer-review started: June 21, 2017

First decision: July 26, 2017

Revised: July 26, 2017

Accepted: September 5, 2017

Article in press: September 6, 2017

Published online: November 6, 2017

Abstract

Halkjær *et al* searched systematically nine articles in-

cluding 48 patients, and concluded that fecal microbiota transplantation (FMT) can be an ideal treatment option for irritable bowel syndrome (IBS) subjects. Regardless of the few successes in current traditional therapies (change in diet, herbal medicine and antibiotics) in IBS, a sharp increase in interests in the FMT option has been reported in the current century. However, there is a long list of unclear issues concerning the application of FMT for the treatment of IBS. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

Key words: Fecal microbiota transplantation; Irritable bowel syndrome; Microbiota; Dysbiosis

© The Author(s) 2017. Published by Baishideng Publishing Group Inc. All rights reserved.

Core tip: Apart from the interesting report by Halkjær *et al*, there is a long list of tasks concerning the application of fecal microbiota transplantation for the treatment of irritable bowel syndrome. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

Abadi ATB. Fecal microbiota transplantation against irritable bowel syndrome? Rigorous randomized clinical trials are required. *World J Gastrointest Pharmacol Ther* 2017; 8(4): 208-209 Available from: URL: <http://www.wjgnet.com/2150-5349/full/v8/i4/208.htm>
DOI: <http://dx.doi.org/10.4292/wjgpt.v8.i4.208>

TO THE EDITOR

I read with interest the article, "Can fecal microbiota transplantation cure irritable bowel syndrome?"^[1]. Halkjær *et al*^[1] searched systematically nine articles including 48 patients, and concluded that fecal microbiota transplantation (FMT) can be an ideal treatment option

for irritable bowel syndrome (IBS) subjects. Regardless of the few successes in current traditional therapies (change in diet, herbal medicine and antibiotics) in IBS, a sharp increase in interests in FMT option has been reported in the current century. The authors mentioned most of the important findings, but I have some concerns on their interesting paper.

First, the etiology of IBS cannot be elucidated by a unique mechanism, thus many of these unknown involved items are acting without examination by the clinicians and microbiologists. However, in order to provide a better therapeutic approach, we need to determine the actual impact on those uninvestigated factors^[2,3]. Second, although Halkjær *et al*^[1] found no adverse effects of all of the included studies, statistically it may be a result of weak sampling (48 patients). This lack can be compensated by further research using larger sample size to present statistically significant results. Third, the current data is not sufficient for recommending FMT as the cure of IBS, at least based on the available evidence provided by this review^[1]. In the near future, more research, including controlled and randomized trials, are necessary, which can likely answer those questions.

According to the current study, FMT is able to affect therapy of IBS, at least based on the 48 subjects investigated. As a note, we are still unaware of the exact mechanistic collaboration occurring between host cells and the microbiota. Of course, new evidence describing

this question can shed promising light on the better application of FMT, not only against IBS but also for other important gastric clinical disorders (*Clostridium difficile* and *Helicobacter pylori*)^[4,5]. Once again, I should appreciate the paper by Halkjær *et al* since it invites the attentions to using FMT as a new approach to treating any of the gastroduodenal disorders.

Indeed, there is a long list of unclear subjects concerning the application of FMT for the treatment of IBS. Route of delivery and optimum dosage are the major concerns to consider before using in clinical practice.

REFERENCES

- 1 **Halkjær SI**, Boolsen AW, Günther S, Christensen AH, Petersen AM. Can fecal microbiota transplantation cure irritable bowel syndrome? *World J Gastroenterol* 2017; **23**: 4112-4120 [PMID: 28652664 DOI: 10.3748/wjg.v23.i22.4112]
- 2 **Talebi Bezzmin Abadi A**. Letter: more studies are needed to elucidate any association between *Helicobacter pylori* infection and Barrett's metaplasia. *Aliment Pharmacol Ther* 2017; **45**: 764-765 [PMID: 28150451 DOI: 10.1111/apt.13926]
- 3 **Sonnenberg A**, Turner KO, Spechler SJ, Genta RM. The influence of *Helicobacter pylori* on the ethnic distribution of Barrett's metaplasia. *Aliment Pharmacol Ther* 2017; **45**: 283-290 [PMID: 27862104 DOI: 10.1111/apt.13854]
- 4 **Abadi AT**, Kusters JG. Management of *Helicobacter pylori* infections. *BMC Gastroenterol* 2016; **16**: 94 [PMID: 27520775 DOI: 10.1186/s12876-016-0496-2]
- 5 **Lacy BE**. Diagnosis and treatment of diarrhea-predominant irritable bowel syndrome. *Int J Gen Med* 2016; **9**: 7-17 [PMID: 26929659 DOI: 10.2147/IJGM.S93698]

P- Reviewer: Chen JX, Cao HL, Soares RLS, Tandon RK

S- Editor: Qi Y **L- Editor:** A **E- Editor:** Lu YJ





Published by **Baishideng Publishing Group Inc**
7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA
Telephone: +1-925-223-8242
Fax: +1-925-223-8243
E-mail: bpgoffice@wjgnet.com
Help Desk: <http://www.f6publishing.com/helpdesk>
<http://www.wjgnet.com>

