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EDITORIAL

- 3011 Esophagitis and its causes: Who is "guilty" when acid is found "not guilty"?

Grossi L, Ciccaglione AF, Marzio L

- 3017 Checkpoint inhibitors in gastrointestinal cancers: Expectations and reality

Kourie HR, Tabchi S, Ghosn M

FRONTIER

- 3022 BRAF inhibitor treatment of melanoma causing colonic polyps: An alternative hypothesis

Kelleher FC, Callaghan G, Gallagher C, O'Sullivan H

REVIEW

- 3030 Genes, emotions and gut microbiota: The next frontier for the gastroenterologist

Panduro A, Rivera-Iñiguez I, Sepulveda-Villegas M, Roman S

- 3043 Macrophage inflammatory protein-2 as mediator of inflammation in acute liver injury

Qin CC, Liu YN, Hu Y, Yang Y, Chen Z

ORIGINAL ARTICLE**Basic Study**

- 3053 CXCR7/CXCL12 axis is involved in lymph node and liver metastasis of gastric carcinoma

Xin Q, Zhang N, Yu HB, Zhang Q, Cui YF, Zhang CS, Ma Z, Yang Y, Liu W

- 3066 Low-grade slightly elevated and polypoid colorectal adenomas display differential β -catenin-TCF/LEF activity, c-Myc, and cyclin D1 expression

Yang TW, Gao YH, Ma SY, Wu Q, Li ZF

Retrospective Cohort Study

- 3077 Pancreaticoduodenectomy in patients \geq 75 years of age: Are there any differences with other age ranges in oncological and surgical outcomes? Results from a tertiary referral center

Paiella S, De Pastena M, Pollini T, Zancan G, Ciprani D, De Marchi G, Landoni L, Esposito A, Casetti L, Malleo G, Marchegiani G, Tuveri M, Marrano E, Maggino L, Secchettin E, Bonamini D, Bassi C, Salvia R

Retrospective Study

- 3084 New flexible endoscopic controlled stapler technique for the treatment of Zenker's diverticulum: A case series

Wilmsen J, Baumbach R, Stüker D, Weingart V, Nesper F, Gölder SK, Pfundstein C, Nötzel EC, Rösch T, Faiss S

3092 Comparison of imaging-based and pathological dimensions in pancreatic neuroendocrine tumors
Paiella S, Impellizzeri H, Zanolin E, Marchegiani G, Miotto M, Malpaga A, De Robertis R, D'Onofrio M, Rusev B, Capelli P, Cingarlini S, Butturini G, Davì MV, Amodio A, Bassi C, Scarpa A, Salvia R, Landoni L

3099 Octogenarian liver grafts: Is their use for transplant currently justified?
Jiménez-Romero C, Cambra F, Caso O, Manrique A, Calvo J, Marcacuzco A, Rioja P, Lora D, Justo I

3111 Rate of local tumor progression following radiofrequency ablation of pathologically early hepatocellular carcinoma
Hao Y, Numata K, Ishii T, Fukuda H, Maeda S, Nakano M, Tanaka K

3122 Prognostic value of the neutrophil-to-lymphocyte ratio for hepatocellular carcinoma patients with portal/hepatic vein tumor thrombosis
Li SH, Wang QX, Yang ZY, Jiang W, Li C, Sun P, Wei W, Shi M, Guo RP

Clinical Trials Study

3133 Diagnostic value of gadobenate dimeglumine-enhanced hepatocyte-phase magnetic resonance imaging in evaluating hepatic fibrosis and hepatitis
Li XM, Chen Z, Xiao EH, Shang QL, Ma C

Observational Study

3142 Consequences of metabolic syndrome on postoperative outcomes after pancreaticoduodenectomy
Zarzavadjian Le Bian A, Fuks D, Chopinet S, Gaujoux S, Cesaretti M, Costi R, Belgaumkar AP, Smadja C, Gayet B

3150 Effect of a counseling-supported treatment with the Mediterranean diet and physical activity on the severity of the non-alcoholic fatty liver disease
Gelli C, Tarocchi M, Abenavoli L, Di Renzo L, Galli A, De Lorenzo A

Prospective Study

3163 Cost-effectiveness of enhanced liver fibrosis test to assess liver fibrosis in chronic hepatitis C virus and alcoholic liver disease patients
Soto M, Sampietro-Colom L, Lasalvia L, Mira A, Jiménez W, Navasa M

3174 Impact of gastroesophageal reflux control through tailored proton pump inhibition therapy or fundoplication in patients with Barrett's esophagus
Baldaque-Silva F, Vieth M, Debel M, Håkanson B, Thorell A, Lunet N, Song H, Mascarenhas-Saraiva M, Pereira G, Lundell L, Marschall HU

3184 Comparison of endoscopic ultrasound, computed tomography and magnetic resonance imaging in assessment of detailed structures of pancreatic cystic neoplasms
Du C, Chai NL, Linghu EQ, Li HK, Sun LH, Jiang L, Wang XD, Tang P, Yang J

LETTER TO THE EDITOR

3193 Efficacy and safety of stellate ganglion block in chronic ulcerative colitis

Lipov E, Candido K

ABOUT COVER

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Efficacy and safety of stellate ganglion block in chronic ulcerative colitis

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Abstract

Sympathetic system modulation by stellate ganglion blockade may modulate immune dysfunction and significantly improve symptoms of chronic ulcerative colitis.

Key words: Stellate ganglion block; Ulcerative colitis; Immune function; Chronic ulcerative colitis

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Core tip: Utility of stellate ganglion block (SGB) seems to be expanding rapidly at this time, finding of its effect on ulcerative colitis is novel. Dr. Zhao's explanation of the clinical observation seems to be increased blood flow. This theory may be refined based on prior reports of SGB having a significant immunologic effects. Since, ulcerative colitis is considered to be an auto immune disease, modulation immune system by SGB seems a more likely explanation. Further research of modulating immunologic system by utilizing sympathetic blocks may be spurred on by Dr. Zhao's observation.

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TO THE EDITOR

Chronic ulcerative colitis (CUC) is a common disease and has significant impact on the quality of life of patients with CUC diagnosis. Its pathogenesis is unclear, however what is known is a close relationship between the disease and immune dysfunction. Furthermore, the expression of cytokines, particularly interleukin-8 (IL-8), is significantly increased during the disease course. Dr. Zhao, recently demonstrated a marked impact of stellate ganglion block (SGB) on CUC patients^[1]. The impact of SGB has been to relieve abdominal pain, and reduce inflammatory factor levels, especially IL-8. The exact mechanism

of this effect is unknown, yet Dr. Zhao referenced 2 papers explaining the mechanism of the effect one by Dr. Shimizu. After SGB, the inflammatory chemokine IL-8 was reduced in patients in the experimental group, chemotaxis was inhibited...reducing inflammation^[2], that is inaccurate since Dr. Shimizu was not discussing SGB^[2]. The other paper was by Dr. Mulvaney (where the primary author of current report was the senior author) studies have shown that the SGB. improves blood circulation by inhibiting the activity of the sympathetic nervous system^[3], it is not clear which circulation is being addressed and how long this vasodilation lasts. Actually, impact of SGB on circulation has been studied and has been demonstrated to have no impact^[4]. Alternative explanation for the SGB effect on CUC could be plasma concentrations of epinephrine and norepinephrine (NE) reduction after SGB^[5]. It is well known that the central nervous system modulates immune activity. There is evidence that the sympathetic nervous system affects the immune response. For example, in chemically sympathectomized animals, antibody and cell-mediated responses are altered^[5]. Central effect of SGB on NE, leading to its reduction, has been postulated by Dr. Mulvaney to explain significant effect of SGB on post traumatic stress disorder (PTSD), a condition known to have elevated NE levels^[3]. Further evidence exists as to the SGB impact on proinflammatory cytokines. Dr. Liu, while performing

SGB's on burn victims, reported SGB regulatory effects on early inflammatory response through inhibition of the IL-1 β , IL-6, and TNF- α during severe trauma^[4]. However, SGB did not have any impact on the anti-inflammatory cytokines IL-4 and IL-10 levels^[4]. Yet regardless of the possible SGB mechanism as related to CUC, Dr. Zhao report adds to expending utility for SGB, and for that he should be commended.

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