



Covering the Cover

Proton pump inhibitor use for 12 months is not associated with changes in serum magnesium levels: a prospective open label comparative study

Proton pump inhibitors (PPIs) are widely used in all over the world. Safety is really important especially in the long term use, such as gastroesophageal reflux disease. Last decades many studies published about the side effects of PPIs. Hypomagnesemia is accepted one of the rare idiosyncratic reaction, that clinicians should be aware. In this issue of Turkish Journal of Gastroenterology, Bahtiri et al evaluate the magnesium (Mg) and Ca levels in their prospective study. Total 250 patient were included this study and 209 completed 12 months of treatment and were included in the statistical analysis. 50 participants: first group (n=50) was treated with omeprazole (20 mg/day), second group (n=50) with esomeprazole (20 mg/day), third group (n=50) with lansoprazole (30 mg/day), and fourth group (n=50) with pantoprazole (40 mg/day). Participants in the control group were matched to each PPI treatment group. Furthermore, after 12 months of treatment, mean serum total calcium levels significantly dropped in patients on esomeprazole, lansoprazole, and pantoprazole therapy. These changes in serum calcium levels were accompanied by statistically significantly increased serum levels of PTH. This is the first prospective study to demonstrate a significant effect of PPI therapy on calcium metabolism. On the other there is no statistically significant effect of PPI use for 12 months on serum magnesium levels in this study. This study demonstrated stable serum magnesium levels after 12 months of PPIs use. However, despite the controversy of the data, FDA's warning from March 2011 that long-term PPI use may be associated with hypomagnesemia is still valid. We should be careful for the adverse events especially in geriatric population with comorbidities, patients with chronic renal failure, diuretic and digoxin users. See page 104.

Decreasing prevalence of *Helicobacter pylori* according to birth cohorts in urban China

Helicobacter pylori is important for the development of gastric cancer and peptic ulcer diseases. *Helicobacter pylori* prevalence may change with ethnicity, socioeconomic levels and geography. During the last decades, *H. pylori* prevalence decreased with the industrial development and improved sanitations in high endemic regions. You et al. published a study about current epidemiological status of *H. pylori* infections in urban China in this issue of Turkish Journal of Gastroenterology. Data regarding 64,986 individuals were retrieved from the electronic database. They excluded 13,508 repeatedly detected subjects, 13 subjects whose age was not listed, and 166 subjects aged <18years. The overall *H. pylori* seroprevalence was found to be 31.9%, with the highest seroprevalence in the 1950–1959 birth cohorts. It was lower in the subsequent birth cohorts (trends, $p < 0.001$). There has been a striking decrease in the *H. pylori* prevalence in urban China. They concluded that, the birth cohort effect and economic growth are the most likely causes of this phenomenon. See page 94.

Cystobiliary communication in hepatic hydatid cyst: predictors and outcome

Hydatid disease is an endemic disease in Middle East, South America, and also Turkey. Hepatic hydatid disease is generally asymptomatic and sometimes complicated with cyst biliary fistula (5%–42%). Although, major fistulas are symptomatic, minor fistulas are asymptomatic. In routine clinical practice, to detect minor biliary fistula is important for the management of treatment. In this issue, Nakeeb et al. published a retrospective study about the predictors of cystobiliary communication and its outcome after surgical management. Total 123 patients with a hepatic hydatid cyst were included this study. Serum alanine aminotransferase and alkaline phosphatase were significantly elevated in cases diagnosed with cystobiliary fistula ($p = 0.001$, $p = 0.002$ re-

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spectively). They found that, the size of the cyst (>10 cm) was the only significant predictor for the occurrence of cystobiliary fistula ($p=0.01$). When present, biliary decompression (intra- or post-operatively) is an effective way to control the fistula and improve the post-operative outcomes. See page 125.

Hypergammaglobulinemia is a marker of extraintestinal manifestations in pediatric inflammatory bowel disease

Polyclonal hypergammaglobulinemia in adult patients is related to infections, autoimmune diseases, chronic liver diseases, and malignancies. High gamma globulin levels were shown to be associated with a diagnosis of an autoimmune disease. Inflammatory bowel diseases are chronic autoinflammatory disorders. The clinical impact of hypergammaglobulinemia is not clear. Matar et al. evaluated the clinical significance of hypergammaglobulinemia in pediatric IBD patients. They retrospectively analyzed the medical records of 296 pediatric onset inflammatory bowel disease patients. Overall, 46 patients

(25%) had hypergammaglobulinemia, including 30 (23%) with Crohn disease, 14 (30%) with ulcerative colitis, and 2 (22%) with unclassified disease. Hypergammaglobulinemia was associated with the female sex (55% vs. 35%; $p=0.03$) and extraintestinal manifestations (70% vs. 10%; $p<0.0001$), including arthritis, skin disorders, and primary sclerosing cholangitis but not with arthralgia. They concluded that, hypergammaglobulinemia is a marker of extraintestinal manifestations in pediatric inflammatory bowel disease and may assist in distinguishing arthritis from arthralgia. To detect extraintestinal manifestations of IBD is important for the management of disease and follow-up. High gammaglobulinemia can also easily analyze in routine practice. These results should confirm in the large case series. See page 131.

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