

Putting prevention into practice

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For the last two decades, much advancement has been achieved in the fields of new technology, knowledge and skills, which has had beneficial effects on health promotion and maintenance in the society. As gastroenterologists, we are proud today of being able to provide better diagnostic and therapeutic services in many areas of gastroenterology, pancreas and liver diseases.

On hand improvements in education and scientific supports given by various GI societies have provided all the growing number of gastroenterologists with more skills and knowledge. As a matter of fact, we are now able to provide better health services at lower costs, with fewer complications and lower mortality and morbidity rates.

This progress has influenced the gastroenterology most thoroughly. Beside the continuance of cooperation and collaboration with genetics, proteomics and bioinformatics, new endoscopic advancements have brought so many new diagnostic and treatment facilities to gastroenterology; which in general, has placed it in much better position than it was before.

We have achieved now an utterly different understanding of HCV, HBV, AIH, PBC, HCC, hepatic failure and space occupying lesions of

liver. But on top of all of these is liver transplantation which has yielded the ultimate hope to patients seeking treatment.

Regarding the diagnosis and treatment of esophageal diseases, a plethora of novel solutions, from prevention of variceal bleeding and screening for Barrett's esophagus to stenting and photodynamic ablation therapy, have been introduced. Moreover, introduction of better diagnostic and staging modalities in the area of esophageal cancer and the neo-adjuvant therapy combined to surgery, have resulted in better treatment response and increased life expectancy.

It's become possible to control the PUD associated bleedings by means of injection, clips and submucosal mass reduction; either by using EMR or ESD, which provide more success with less invasiveness, cost, and morbidity.

In the field of IBD, Crohn's disease patients have been the most benefited group, because dramatic and revolutionary results have been achieved in their treatment due to the new patient education strategies, better understanding of the disease course and metabolic pathways of certain drugs like azathioprin, and introduction of new medications like anti-TNF drugs.

In addition, with new imaging modalities including CT or MRI, it's become possible to better evaluate liver masses. Besides, endosonography has enabled us to evaluate different kinds of masses in different locations, stage them, and take biopsies, which in combination with ERCP,

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stenting and stone retraction, has given us the opportunity to manage a wide variety of diseases at lower costs and with less invasiveness.

Because of our ability to recognize premalignant lesions by means of new endoscopic modalities like NBI/AFE, it has now become possible to run better screening, early diagnosis and prevention programs, especially in the field of colorectal cancers.

As we all know, colorectal cancers are the third most common cancers in the world and unfortunately, the prevalence rate of this mortal disease has been dramatically increasing in Iran.

According to the Iranian Center of Disease Control, about half of Iranian colorectal cancer patients are aged fifty or lower. This has imposed a heavy burden to our healthcare system and society. But with respect to the experience of more developed countries, it is now well known that establishment of screening programs can keep the incidence rate of colorectal cancers under control.

So, there are lessons to be learnt from our colleagues in other countries: stabilizing our screening programs and putting preventive actions into our practice.