I am humbled by the opportunity to serve for the second time as a guest editor for Pediatric Annals on the topic of pediatric hepatology. The field of pediatric hepatology continues to develop and expand despite the low prevalence of liver diseases in children if we exclude nonalcoholic fatty liver disease. It is not uncommon for primary care providers to consult with pediatric hepatologists to get a fuller picture of what their patients may be encountering with specific liver-related health issues. On other occasions, providers observe patients dealing with more than one health issue and liver disease may be one of many, which could increase the challenges of caring for those children. Added to these challenges is the continued shortage of certified pediatric hepatologists, further affecting the comfort level of pediatricians who care for children with liver diseases.

Certainly, there is no shortage of diseases to choose from to present in this issue. Complementing the first issue that I guest edited in December 2016,1 the articles range from the relatively common and primarily involving the liver to one metabolic disease that is not uncommon but is underdiagnosed, as well as the wider liver manifestations encountered in the context of other systemic diseases.

In the first article, “Neonatal Cholestasis: A Primer of Selected Etiologies,” Dr. Ranjani Ananth reviews the different cholestatic liver diseases seen in infancy from the perspective of a neonatologist. She discusses the updated definition of direct hyperbilirubinemia (direct bilirubin >1 mg/dL), and the NASPGHAN (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) guidelines for evaluating infants with hyperbilirubinemia.2 She covers different diseases that are often discussed on neonatology and general pediatric rounds when evaluating infants with cholestasis, whether from biliary obstruction, infection, inflammation, or metabolic or iatrogenic causes. She puts emphasis on the importance of distinguishing cholestatic jaundice from noncholestatic causes to allowing prompt diagnosis and institution of specific therapy.

In the second article, “Wilson’s Disease: A Review for the General Pediatrician,” Dr. Kristin Capone and I provide a review of the disease as a metabolic liver ailment that has a prevalence of 1 per 30,000 to 55,000, and a heterozygote carrier state in 1 in 90 people.3 Given the metabolic etiology of the disease, several organ systems could present the symptoms or diagnostic abnormalities, necessitating that we familiarize ourselves with Wilson’s different shades of presentation. This is especially important because early diagnosis could save patients as they get older from widespread copper deposition with neuropsychiatric, renal, hematologic, cardiac, and skeletal sequelae, in combination with the primary liver involvement. Medical therapy is available, and early institution of therapy is crucial because liver transplantation may not completely reverse already well-established insults, especially the neuropsychiatry ones.

In the third article, “Nutrition in Pediatric Chronic Liver Disease,” Dr. Inessa Normatov, Shiran Kaplan, and I present a nutritional guide for primary care physicians on the different aspects of malnutrition in patients with chronic liver disease. We explore the theoretical and clinical aspects of undernourishment and malabsorption in patients with chronic liver disease, as well as the appropriate methods of assessment of weight changes that could mask their nutritional status given the development of organomegaly, ascites, and muscle wasting as the disease advances. We also provide comprehensive nutritional support guidance for multidisciplinary teams involved in managing these patients.

In the fourth article, “Autoimmune Liver Diseases in Children,” Drs. Leslie Mataya, Namrata Patel, and I provide an updated review on pediatric autoimmune liver diseases. The authors discuss the different aspects of presentations of the three most common autoimmune liver diseases: autoimmune hepatitis, primary scl-
Our goal is to provide a toolbox to the primary care physician, who is a valued member of the interdisciplinary team that cares for children with multiple diseases. We hope to familiarize and refresh knowledge of the associations and comorbidities that patients with complex diseases may encounter. This will ensure timely referral, strong support, and active involvement of the primary physician in the care of their patients with complex diseases at variable stages of their illness.

I express gratitude to all the authors who helped bring this issue into fruition through their outstanding commitment and effort. I also thank the Editor, Dr. Joseph R. Hageman, for extending the opportunity for me to guest edit this issue. It is my hope that these articles will provide an interesting and valuable overview of pediatric hepatology.

REFERENCES


Disclosure: The author has no relevant financial relationships to disclose.

doi:10.3928/19382359-20181031-01

About the Guest Editor

**Ruba K. Azzam, MD**, is an Associate Professor of Pediatrics in the Section of Pediatric Gastroenterology, Hepatology and Nutrition at The University of Chicago. She is the Director of Pediatric Hepatology and the Medical Director of Pediatric Liver Transplantation. She obtained her medical degree at the University of Jordan. She completed her pediatric residency at the University of Wisconsin, and her fellowship training at Ann & Robert H. Lurie Children’s Hospital of Chicago, Northwestern University in Chicago, IL.

Dr. Azzam enjoys the challenge of caring for children with hepatobiliary and general gastrointestinal diseases. Her main interest is in the management of chronic liver diseases and optimization of care pre- and post-liver transplantation.

Address correspondence to Ruba K. Azzam, MD, via email: razzam@peds.bsd.uchicago.edu.