

Comment

A significant increase in both incidence of inflammatory bowel disease (IBD) in children and in its severity has been observed over the past years. The novel biologic therapy gives a chance for better and more effective treatment in pediatric patients. The two published cases report the use of biologic therapy in both Crohn's disease (CD) and ulcerative colitis (UC).

Wiernicka shows in her original paper the outcomes of biologic treatment with adalimumab in small group of children with UC. In her review paper, the author summarizes previous experiences with biologic therapy for UC.

Szymańska in her review paper describes clinical utility of different scales for the assessment of Crohn's disease activity, and in her original paper, the author summarizes a considerable group of children qualified to biologic therapy.

I would also like to pay attention to the original paper by Szczepański et al.: "Fecal calprotectin is a good biomarker of mucosal healing in monitoring of children with IBD". This paper is a summary of our initial experience with new noninvasive biomarkers for IBD. The results of our observations demonstrate a good correlation between calprotectin and intestinal inflammation in patients with IBD.

In the original paper "Clinical characteristics of children with cholelithiasis – experience of the two center" the authors have described the population of 113 children with cholelithiasis analyzed according to their demographics, risk factors, the course of their disease and complications. The outcomes of this study have led to a conclusion that cholelithiasis occurs in 30% of children under 3 years of age. While the risk factors analysis has shown a significant impact of genetic factors in the pathogenesis of the disease.

There are several papers on pancreatology in this edition. The original paper by Wejnarska refers to a poorly penetrated issue of genetically acquired pancreatitis in children. The author compares a clinical course of pancreatitis in children with mutation in *SPINK1* and *CFTR* genes to a course of disease in patients with chronic pancreatitis of other etiology demonstrating no differences in the course of pancreatitis between the groups. This is one of the first papers ever published on that subject.

Inherited pancreatitis is a rare entity which course may be mild over the years but due to the great risk of complications such as organ failure, pancreatic carcinoma and frequent surgical and endoscopic interventions both the pediatricians and internists should be familiar with the diagnostics and treatment of this disease. A reader should pay attention to the great risk of pancreatic carcinoma which is a significant complication of this disease. Therefore an early diagnosis and proper management of patients, including careful oncological supervision seem to be the key goals.

Kołodziejczyk brings up a subject of the endoscopic retrograde cholangiopancreatography (ERCP) in children with pancreatic diseases. This paper summarizes a current knowledge on the utility of ERCP in both diagnostic and therapeutic aspects. The author analyzes safety and efficacy of endoscopic management in children. This paper seems to be particularly interesting for physicians professionally engaged in the intervention endoscopy as well as for pediatricians and gastroenterologists working with small patients with pancreatic diseases.

The paper by Matuszczyk et al. summarizes a nutritional management of terminally ill patients. The course of nutritional therapy in patients under the palliative care changes with time – at the beginning (shortly after the diagnosis is established) its principal aim is to provide a child with a proper nutritional support alongside with the maintenance of stable clinical state, the most comfortable quality of life and decreasing discomfort caused by starving. Taking under consideration the fact that a child may presents with a spoiled appetite and difficulties in big food portions intake it is recommended to increase a caloric value of meals at that stage. However, sometimes a patient is unable to fulfil his or her nutritional requirements even despite oral nutritional support provided and there is a need for additional nutritional treatment support through either enteral or parenteral nutrition. During the time and the disease progress a palliative care will be focused mostly on alleviating pain and maintain patient's general well-being. These aspects should also be considered when planning further nutritional treatment, we should be conscious of the fact that such a therapy can not only prolong patient's life but also his or her suffering.

Winnicka demonstrates an utility of a new diagnostic method of videofluoroscopy for children with swelling disorders in her paper "Clinical characteristics and videofluoroscopic swallowing study findings in children with swallowing disorders". This diagnostic method seems to be helpful in identification and diagnosis of swelling disorders. VFSS allows choosing a proper treatment and identification of a proper feeding method according to pathophysiology of different mechanisms of swelling problems.

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