The greatest satisfaction for any physician, when treating a patient with chronic pain, is to achieve meaningful, and hopefully, long-lasting pain relief. When treating severe chronic abdominal pain, many obstacles are currently in our way to achieve just that. Those obstacles include (on occasion) elusive etiology, (frequently) lack of education of referring physicians on where to refer patient, presence of few long-lasting therapeutic options, and a strong affective response to the unrelenting pain.

The goal of this textbook was to direct an interested reader to a proper selection of various therapeutic approaches that currently exist in comprehensive treatment of chronic abdominal pain. However, in order to provide such information, accumulated knowledge on mechanisms of pain generation and adaptive mechanisms needed to be detailed first. In addition, various diagnostic approaches to investigate source of abdominal pain had to be presented.

In this textbook state-of-the-art therapeutic approaches for various causes of chronic abdominal pain were described by over 60 authors, most of them very busy clinicians, who invested in translational clinical research, from the bench to innovative therapies. They represent a wide range of specialties that include pain medicine, psychology, rehabilitation, gynecology, urology, abdominal surgery, neurology, anesthesia, and neurosurgery.

Still, the core of this textbook is provided by interventional pain physicians. There are several reasons for this: a surge in various new minimally invasive approaches in treatment of abdominal pain that were mastered by this physician group, slow but steady departure from frequently controversial opioid management of abdominal syndromes, and unrelenting enthusiasm by this group to make a difference in treating serious chronic pain. Prolific growth of the Interventional Pain Management Centers and their central role in treatment of other chronic pain conditions, mainly chronic spinal issues, serves as a good base to tackle prevalent chronic abdominal pain.

This book, however, is a good reminder that the same problem should be treated by the multidisciplinary team having knowledge on proposed algorithms for the treatment of such maladies. A good example in this book is a treatment of chronic pancreatitis. From epidemiology, mechanisms, differential diagnosis, innovative new approaches to establish a diagnosis, to conservative and interventional treatment that includes blocks and radiofrequency ablation, to more advanced and invasive therapeutic approaches in neuromodulation, abdominal surgery and neurosurgical approaches were described through 12 different chapters (Chaps. 1, 2, 3, 4, 9, 14, 15, 16, 19, 22, 23, 24). In addition, psychological approaches were suggested in the last (but not least) chapter delivered by Dr. Sweis (Chap. 25). Readers will find such an approach very informative, however one will notice a lack of described step-by-step algorithm for any of the pain disorders described. The reason is simple, we are far from providing an accurate algorithm for any condition above, and suggesting an algorithm for various chronic abdominal problems may be a worthwhile task of the next issue editor. It is just too early for algorithms, mainly because of a lack of evidence-based literature in this area, and recent advances in the field without properly assessed risks and benefits.
I do hope that this textbook provides an original and necessary perspective from which to consider the challenge of treating abdominal pain: on how to select the right patients for the treatment, how to select the next proper step in treatment when the previous fails, and how to avoid unnecessary complications. Nevertheless, this book hopefully succeeds by asking the right questions, and providing a clinical snapshot from which future authors can take inspiration. More work is ahead of us to clearly determine if certain diagnostic tests, blocks, patient groups, or procedures will be predictive of long-term relief from severe chronic abdominal pain.

Winston-Salem, NC, USA                          Leonardo Kapural
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