Editorial

This third issue of Volume 7 is one of the first in which the main part is used for the publication of papers on a special subject. In the past the publication of one or two invited Reviews and a dozen free Research papers was realized in each issue of *Mediators of Inflammation*. The Editors are however aware of the strong competition in the research of Immunopharmacology, focussed on inflammation. The number of journals covering this field is still increasing. Therefore, not only impact factors, but also page number limitations and publication speed are proving crucial factors in the considerations of authors when submitting a paper. Lately, a shift has occurred in the number of papers published on more or less established mediators (such as histamine, bradykinin and eicosanoids) and cytokines, growth factors and cell adhesion promoting molecules. Still the pharmacological intervention in experimental models of inflammation and disease should be the mainspring of research in which such mediators are involved.

From that point of view this issue offers 10 papers on the treatment of inflammatory bowel disease (IBD), including ulcerative colitis and Crohn's disease, written as mini-Reviews and thereby overviews classical treatment regimens and nowadays new developed therapies as promising replacement pharmaceuticals for the next millennium (2 000 +). All papers were presented at the IBD-2 000 + symposium, held in Rotterdam on 25 June 1998.

Successively maintenance therapy by oral mesalazine (the more the better?) and glucocorticosteroids

(the less the better!?) are reviewed. As replacement therapies for glucocorticosteroids or in the case of non-responders, the alternative application of the immunosuppressives azathioprine and cyclosporine. Efficacy, safety and adequate treatment schedules are discussed. Besides that, immunotherapy of IBD with anticytokines, anti-oxidants and mucosa protectives could be considered as short-term alternatives. Mucosal T-cell activation, cell-cell interactions and modulation by cytokines formed during these processes, are reviewed in research papers on the use of experimental drugs in IBD.

Finally, in case of non-responders to either of the above mentioned (alternative) therapies, surgery will lead to ileostomy and subsequently result in some patients developing a clinical syndrome known as pouchitis. Current concepts to analyze the different treatment modalities are extensively reviewed in the last paper of this IBD section.

The Review on topical glucocorticosteroids by Ahluwalia and the following free papers subsequently show that still lipocortin, eicosanoids, platelet activating factor and IgE mediated processes are subjects for papers in *Mediators of Inflammation*.

This wide platform and subject related specials will hopefully encourage authors to submit papers. These are warmly welcomed for forthcoming issues.

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