“It was the best of times, it was the worst of times” and so it goes with infections associated with gastrointestinal disease. While advances are being made in some areas such as diagnostic technology (eg, molecular techniques), major limitations remain in controlling and preventing infections associated with gastrointestinal diseases. The prime example is infective diarrhea, which has been and unfortunately remains a major cause of morbidity and mortality among children, especially those under the age of 5 years and particularly in developing countries around the world.

However, with the emergence and identification of new infectious agents, interest in clinical infectious diseases and microbiology has been reignited and takes a prominent place in medicine today. Advances in technology have also allowed for great strides in the understanding of the pathophysiology, classification, and immunology of these pathogens. The most obvious example would be the most prevalent infection worldwide, namely *Helicobacter pylori*, which infects an estimated 3 billion people, a staggering number of individuals. In fact, there are gastrointestinal organisms (*Giardia, Cyclospora, Cryptosporidium* species) that were not considered significant pathogens in the 1970s but are now infections that must be reported to the Centers for Disease Control. Moreover, other controversial organisms such as *Blastocystis hominis* are the most frequently identified parasites in North America annually.

The microbiological spectrum of “bugs”—including bacteria, viruses, protozoa, and fungi—plays various roles in the development of gastrointestinal diseases, and there is an increasing interest in the role these organisms play in the development of gastrointestinal cancers. This issue of *Infectious Disease Clinics of North America* covers a broad range of gastrointestinal diseases and cancers, including esophageal cancer, gastric cancer, cholangiocarcinoma, gallbladder disease, hepatocellular carcinoma, acute pancreatitis, small intestinal bacterial overgrowth, irritable bowel syndrome, inflammatory bowel disease, appendicitis, and colorectal cancer.

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In developing this *Infectious Disease Clinics of North America* issue I have selected eminent leaders in their respective areas to write what I believe is an outstanding collection of articles on a diverse range of topics that should be of interest to all who engage in the diagnosis and treatment of infections associated with gastrointestinal diseases and cancers. It is hoped that these articles will provide insight for researchers and physicians in an exciting area of medicine that will continue to be dynamic for eons.

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