LETTER TO THE EDITOR

Comment on Rahsan Ozcan et al (J Pak Med Assoc 2016; 66: 893-895)

Why verify Helicobacter pylori eradication?

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I have read with great interest the case report by Ozcan et al, describing the case of a male bladder exstrophy patient after gastrocystoplasty. After a long history of bladder perforation, acid haematuria syndrome, recurrent urinary tract infections finally he received a cadaveric renal transplantation. Following the appearance of haematuria syndrome, it was diagnosed Helicobacter pylori (H.pylori) infection, and a treatment with amoxicillin, metronidazole, bismuth subsalicylate and proton pump inhibitor (PPI) was prescribed. The outcome was not assessed. At 20 years of age, histology and serology documented the presence of gastric H.pylori. The patient was treated with amoxicillin, clarithromycin and PPI. After that therapy he had an improvement in acid haematuria syndrome.[1] The originality of this case raises a crucial criticism. Due to the fact that there is no correlation between symptoms and H.pylori infection, the clinical improvement after bacterial treatment is not synonymous of eradication. Hence, it is important to verify the outcome after antibiotic treatment.[2] However, also after the second regimen, the authors did not report a search for H.pylori eradication. This issue is of paramount importance for three reasons. First, H. pylori is involved in the development of several gastroduodenal diseases, including gastritis, peptic ulcer disease, gastric adenocarcinoma and gastric mucosa-associated lymphoid tissue lymphoma and its eradication could change the natural history of some of these.[3] Second, both patient compliance and antibiotic resistance have a major negative impact on the efficacy of the recommended therapies and this can lead to unacceptable results.[4] Third, it is known that H.pylori infection is acquired in the preschool age group, and that the risk declines rapidly after 5 years of age. After this period, or following bacterial eradication, the rate of acquisition fall to about 1% year.[5] Thus, the advantages of bacterial elimination are evident. In conclusion several reasons highlight the need to assess the outcome after verifying H.pylori therapy.

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No rejoinder was provided by the authors, Ozcan R, et al for the above comments.

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