

Eradication of *Helicobacter pylori* infection-related diseases.

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Background

According to the National Cancer Institute (NCI) (NCI, 2016) [1], *Helicobacter pylori*, or *H. pylori*, is a spiral-shaped bacterium that grows in the mucus layer that coats the inside of the human stomach. Although *H. pylori* infection does not cause illness in most infected people, it is a major risk factor for peptic ulcer disease and is responsible for the majority of ulcers of the stomach and upper small intestine. Other associated diseases include gastritis and gastrointestinal bleeding. It has been increasingly accepted that colonization of the stomach with *H. pylori*, is an important cause of gastric cancer and of gastric mucosa-associated lymphoid tissue (MALT) lymphoma (NCI, 2016). Infection with *H. pylori* is also associated with an increased risk of esophageal adenocarcinoma, (NCI, 2016) most likely from increased acid reflux causing Barrett's Esophagus, a precancerous state.

Management Problems of Chronic *H. pylori* Infection: Eradication versus Treatment

Eradication is defined as the presence of negative tests for *H. pylori* 4 weeks or longer after the end of antimicrobial therapy [2]. The tests for detection of *H. pylori* infection include non-invasive tests such as urea breath test and stool *H. pylori* antigen test. Invasive tests include serum *H. pylori* IgG antibody and biopsy of the gastric mucosa by esophagogastroduodenoscopy (EGD). Sampling errors in gastric biopsy can be associated with false negative results. False-negative results may also be observed on non-invasive tests in patients who are taking PPIs, bismuth, or antibiotics and in the setting of active peptic ulcer bleeding [3]. Serum IgG antibody titer is a good indicator of persistent infection. Since *H. pylori* is a chronic infective condition, the use of IgG antibody as a marker of *H. pylori* chronic disease is useful to monitor disease activity. We aim to define eradication of *H. pylori* infection based on the serum IgG titers. According to current practice, it is assumed that treatment is completed after a standard two-week course of antibiotics (Amoxicillin, Clarithromycin, with or without the use of Metronidazole) combined with a proton pump inhibitor (Omeprazole). Despite a completion of a two-week course of therapy, some patients may continue to exhibit recurrent symptoms of *H. pylori* infection, probably indicating an ongoing low grade infection. Our experience shows that a re-challenge treatment with the same regimen decreases IgG antibody titers and was associated with an improvement in symptoms. It was noted that a complete resolution of the symptoms is associated with the normalization of the IgG antibody titers. This is a better indicator of eradication of *H. pylori* infection. Hence, a follow-up laboratory testing is necessary to monitor antibody titers.

If the titers are positive, then the initial two-week treatment is considered inadequate for the eradication of *H. pylori* infection. A re-challenge with additional courses of treatment needs to be continued as long as the IgG antibody remains positive. In that way, *H. pylori* eradication can be achieved.

The current practice standard recommends against treatment of asymptomatic patients with *H. pylori* infection detected by serum IgG antibody testing. These patients are known to have an increased risk of gastric cancer [4]. Therefore, both asymptomatic and symptomatic patients need to be treated completely. The patients in this retrospective analysis tested negative for urea breath test, stool *H. pylori* antigen and gastric mucosa biopsy, but tested positive for IgG antibody titers. Asymptomatic patients reported subjective improvement after initial course of treatment. This indicates that being asymptomatic is not a reliable marker for withholding therapy. From our experience, serum IgG antibody to *H. pylori* antigen is more reliable than other tests to monitor eradication of *H. pylori* infection. Further studies need to be performed to have a better understanding of eradication of chronic *H. pylori* infection, a leading cause of gastric cancer in developing and undeveloped countries in the world.

References

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