

HELICOBACTER PYLORI

This is a very common bacterial infection of the stomach lining. It was first discovered by Drs Warren and Marshall (subsequently awarded Nobel prizes for their amazing finding). It is thought to be caught in childhood and is very common in developing countries. In about 10% of infected individuals the bacterium may lead to a significant increase in the amount of acid produced by the stomach and this may lead to duodenal ulceration. Curing the infection (called eradication) will heal the ulcer and prevent it recurring.

The majority of people with H pylori infection will be unaware of the infection or may develop intermittent indigestion (dyspepsia); the benefit of eradication therapy in such cases is less clear cut.

There is an association between long standing infection with H pylori and an increase in the risk of developing cancer of the stomach. The latter condition is however getting less and less common in the UK and this is probably related to the decrease in the number of people infected with H pylori.

Patients whom see their GP with indigestion (dyspepsia) may be checked (by a blood or breath test) to see if they are infected with H pylori and if so, offered treatment to cure the infection to see if the dyspepsia improves. This improvement in symptoms is most likely if the dyspepsia was due to a duodenal ulcer caused by the bacterial infection.

Curing (or eradicating) infection with H pylori is more difficult than treating other infections. It requires treatment with 2 antibiotics (eg metronidazole and clarithromycin) and an acid-lowering drug (eg omeprazole or lansoprazole) all taken twice daily for at least 7 days. In most cases this treatment will work in about 90% of cases. Success or failure may be determined either by improvement in symptoms or by performing a special breath test (can be prescribed by your GP and undertaken either at home or in the GP surgery).