

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 a duodenal ulcer or in older people, a stomach ulcer. Curing the infection (called eradication) will heal the ulcer and prevent it recurring.

Most 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, at least in part, to the decrease in the number of people infected with H pylori. Large studies in South East Asia and more recently from Sweden, have shown a decrease in stomach cancer after eradication of the infection.

The infection has evolved with humans and some believe that it may confer a health benefit in some people (ie in those where it doesn't cause an ulcer or stomach cancer). Thus, recent data found a possible protective role against Barrett's oesophagus, eosinophilic oesophagitis (a chronic inflammatory disease of the oesophagus) and inflammatory bowel disease (a chronic inflammatory disease of the colon).

Patients who see their GP with indigestion (dyspepsia) may be checked (by a blood, stool 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 or stomach ulcer caused by the bacterial infection. 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).

Curing (or eradicating) infection with H. pylori is more difficult than treating other infections. It requires treatment with 2 antibiotics (eg metronidazole, amoxicillin or clarithromycin) and an acid-lowering drug (eg omeprazole or lansoprazole) all taken twice or three times daily for 7-10 days. This treatment will work in about 80-90% of cases. In an era of growing antibiotic resistance, there is no evidence-based treatment for H. pylori patients with penicillin allergy and prior exposure to clarithromycin.

For more information about H. pylori and potential treatment options, please do not hesitate to contact Dr. Adam Harris.

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