



## IS H-P KIT IN RUT NEGATIVE CASES INDICATED

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## KEYWORDS :

## INTRODUCTION

Dyspepsia is synonymous with commonly used non medical term indigestion.

It includes symptoms like pain, bloating, nausea & early satiety.<sup>2</sup> It is also defined as persistent / recurrent pain or discomfort localized to upper abdomen, may or may not be related to meals. Dyspepsia refers simply to pain or 'discomfort' 'centered' in the upper abdomen.<sup>3</sup> 'Discomfort' is intended to refer to a subjective negative feeling that the patient does not interpret as pain. It can include symptoms like abdominal fullness, early satiety, bloating or nausea. The term 'centered' implies that the pain is experienced in and around the midline. One important omission in the current definition of dyspepsia is heartburn. Heartburn is a topic which deserves discussion on its own merit, but for the purposes of this review, heartburn is considered a specific enough symptom (if correctly elicited and interpreted) to strongly suggest the presence of gastroesophageal reflux.<sup>4</sup> Once the patient has been evaluated for dyspepsia he/she will be categorized as having either organic dyspepsia (eg: PUD, gastric carcinoma, NSAID gastropathy etc.) or functional/non ulcer dyspepsia. Causes of dyspepsia includes GERD, diseases of stomach, gall bladder and pancreas. Dyspepsia has considerable impact on individual quality of life, public health and health economics.<sup>5</sup>

Rapid urease test (RUT) is the most commonly used biopsy-based method to diagnose *Helicobacter pylori* (Hp) infection because of its simple, rapid and accurate characters. However, its sensitivity was reported to decrease during ulcer bleeding recently. So it is an important issue to avoid a false negative test in these patients. Siddique et al reported that the sensitivity of RUT could be increased when the biopsy number increased from 1 to 4. Other studies demonstrated that additional biopsy from gastric body would increase the sensitivity of RUT in patients with ulcer bleeding. Therefore, we design this study to see if increased number of biopsy or different location of biopsy could increase sensitivity of RUT in patients with gastroduodenal ulcer bleeding. *Helicobacter pylori* is a spiral gram negative rod with 4 to 6 flagella. It resides in gastric epithelium within or beneath the mucous layer. 50% of world's population is infected with *H.pylori*, a major cause of chronic gastritis. *H.pylori* also has an etiological role in gastric carcinoma and leiomyoma. 90% of duodenal ulcers and 75% of gastric ulcers are associated with *H.pylori* infection. *H.pylori* infection usually occurs in childhood and spontaneous remission is rare. Developing countries have a higher rate of *H.pylori* infection. *H.pylori* infection is associated with a number of common upper GI disorders but most of the infected individuals are asymptomatic. until now, no study on the need of h-p kit in rut negative cases indicated, and there have been instances that in-spite of giving adequate therapy for gastric ulcers in rut negative cases no improvement is seen. hence this study the study, to study the role of H-p kit in rut negative cases to see which type of -RUT negative cases respond to HP kit.

## MATERIALS AND METHODS

A Hospital based prospective study descriptive, observational study on patients attending the department of general surgery and also patient referred from other departments of Yenepoya Medical College, Mangalore form the subjects for our study. presenting with dyspepsia needing endoscopy bleeding to opd and admitted cases in ymch during the study period of sep2019 to January 2019

## RESULTS

In the present study we had a total of 50 cases 25 cases who had dyspepsia and the endoscopy was RUT negative and then 2 groups were done the 25 cases received the H-p kit (group - b) Inspite being rut negative cases and 25 cases did not receive HP kit (group - b)

only the antacids.

Gender group	(group - A)	(group - b)
Male	15	16
Female	10	9

Age group	(group - A)	(group - b)
Less than 25 years	2	2
26-30 years	9	8
31-35 years	7	8
36- 40 years	3	2
41-45 years	1	2
46-50 years	1	2
>50 years	2	1
Total	25	25

Gender group	(group - A)	(group - b)
Improvement of symptoms	17	11
No improvement of symptoms	8	14
P value	0.0003	

## DISCUSSION

The etiology of dyspepsia is unknown in the majority of patients. *Helicobacter pylori* (*H pylori*) is the cause in a subset of patients. A non invasive test to assess the presence of *H pylori* is recommended in the management of patients under the age of 50 presenting to a family practitioner with dyspepsia. A urea breath test or a stool antigen test are the most reliable non invasive tests. Eradication of *H pylori* will reduce the risk to the patient with dyspepsia of developing a peptic ulcer, reduce the complication rate if prescribed non-steroid anti-inflammatory drugs and later reduce the risk of gastric cancer. The recommended treatment for non ulcer dyspepsia associated with a *H pylori* infection should be a 10-d course of treatment with a PPI and two antibiotics. Treatment efficacy should be assessed four weeks after completing treatment with a urea breath test or a stool antigen test.<sup>8</sup>

A prospective study was performed in a referral hospital in south of Iran from 1999 to 2005. One thousand dyspeptic patients consecutively underwent upper gastrointestinal endoscopy. Multiple gastric antral biopsy samples were taken from all patients for rapid urease test and histopathologic examination (96.9% satisfactory samples). Patients were considered *H pylori*-infected if one or both tests were positive. Six hundred and seventy-one patients (67.1%, 95% confidence interval [CI]: 64.2%-70.0%) were *H pylori*-infected. *H pylori* positivity was significantly more frequent in patients with peptic ulcer disease (PUD) than in those with non-ulcer dyspepsia ( $P < 0.001$ ). Male-to-female ratio for duodenal and gastric ulcers was 2.7:1 and 1.5:1, respectively. Moreover, the duodenal-to-gastric ulcer ratio was 1.95:1. The frequency of *H pylori* infection among those with endoscopic diagnosis of gastritis, duodenal ulcer, gastric ulcer, and normal mucosa was 70.1% (398/568), 86.2% (150/174), 71.9% (64/89), and 33.5% (54/161), respectively. *H pylori* infection, male

sex, and older age were independently associated with PUD in multivariate analysis. H pylori positivity was associated with chronic gastritis, and chronic active gastritis with odds ratios of 34.21 (95% CI: 12.19%-96.03%) and 81.21 (95% CI: 28.85%-228.55%), respectively.<sup>9</sup>

A journal article, metaanalysis by Jaakkimainen concluded that there is an association between H.pylori infection and dyspepsia and an improvement in dyspeptic symptoms occurred among patient's with non ulcer dyspepsia in whom the organism was eradicated.<sup>10</sup>

Although the relationship between H.pylori and gastric cancer is complicated, epidemiological surveys have established some relationship<sup>11</sup>, and although we have no interventional trails on which to base treatment decisions, it's classified as class 1 carcinogen. Findings such as those in study by Uemura et al, make it very difficult not to offer treatment to patients known to be infected by H.pylori<sup>12</sup>.

### Conclusion

in the present study we found that addition H -p kit to those of had dyspepsia and the endoscopy was RUT negative improve the symptoms drastically .

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