



PREVALENCE OF HELICOBACTER PYLORI IN DYSPEPSIA AND SMOKERS

Gastroenterology

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ABSTRACT

Background. Functional dyspepsia is the commonest cause for medical consultation worldwide. H. pylori also infects more than 50% of the population. We studied the prevalence of H. pylori in our dyspeptic patients and compared them with published literature. Also, smoking has a profound influence on symptomatology. We also studied the difference in H. pylori prevalence in smokers and non-smokers.

Aim. To see the prevalence of H. pylori in dyspeptic patients to compare our findings with published literature. To study the impact of smoking on H. pylori materials and methods. Patients attending our hospital with dyspeptic symptoms from Aug 2008 to May 2009 were included. A detailed history, examination, CBC, blood biochemistry, ultrasound, endoscopy were done. Patients with history of PPI, antibiotic use within 2 weeks was specifically taken as exclusion criteria. Details of smoking habits were taken. H. pylori was detected using the RUT.

Results: 173/224 were classified as functional dyspepsia (77.2%). There were 135 males and 89 ladies in the age group 18 to 72 (mean 44.6 ± 14.6 yrs). Peptic ulcers were seen in 7.5%, ca stomach in 4%, erosive gastritis in 5.8%, miscellaneous 3.5%. 102/173 (59%) were positive for H. pylori. Amongst the various age groups showing H. pylori positivity, 25/36 were >60 years [70%], and 61.7% in 30 to 39 years. There were 29 smokers. H. pylori was detected in 24 (82.8%).

Conclusion: H. pylori was seen in 59% of our subjects with non-ulcer dyspepsia. This compared well with published literature. H. pylori was significantly higher in the smokers.

KEYWORDS

Helicobacter pylori, dyspepsia, smoking

BACKGROUND:

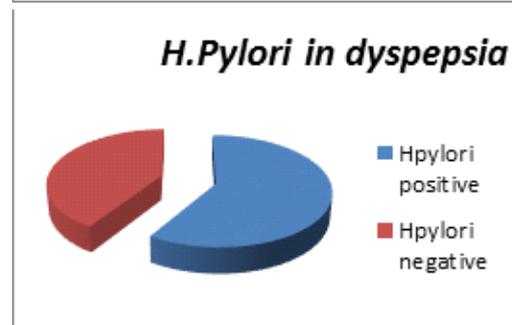
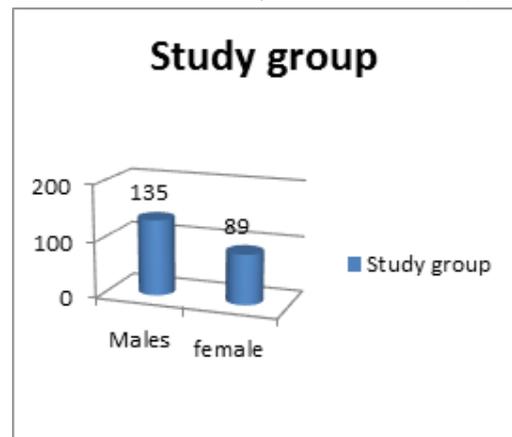
The literal meaning of the term Dyspepsia "difficult digestion." and it is derived from the Greek words dys and pepe. It is strikingly very common and it is considered to be very important to public health point of view as this can be disabling, and can predispose to a major social and economic problem. The reason for the consideration are the following. People affected with functional dyspepsia have a significantly decreased quality of life when compared to that of the people in general population who does not have. Functional dyspepsia by definition is the development of various spectrum of non-specific upper gastrointestinal symptoms without any organic involvement. All the more this constitutes for nearly 60% of patient referred to gastroenterology out-patient department. The yearly occurrence of dyspepsia is approximately 9-10% and 15% patients have chronic (>3 months in a year), frequent (>3 episodes per week) and often very severe symptoms. Known cause of gastric and duodenal ulcers, non-cardiac gastric cancer and gastric MALT lymphoma found to be Helicobacter pylori after various clinical studies. Prevention of large number of other diseases like esophageal carcinoma, functional dyspepsia, gastroesophageal reflux disease, Bronchial asthma, cardiovascular diseases like coronary artery disease, iron deficiency anemia and idiopathic thrombotic purpura is being investigated with possible the role of this microorganism. This study is to prevalence of H. pylori in dyspeptic patients and smokers

Aim. 1. To see the prevalence of H. pylori in dyspeptic patients to compare our findings with published literature. 2. To study the impact of smoking on H. pylori. Materials and methods: Study design: cross-sectional study. Study period: January 2017 to January 2018. Study population: Patients attending Department of Medical Gastroenterology, Government Rajaji Hospital, Madurai with dyspeptic symptoms were included in a detailed history, examination, CBC, blood biochemistry, ultrasound, endoscopy were done. Patients with history of PPI, antibiotic use within 2 weeks was specifically taken as exclusion criteria. Details of smoking habits were taken. H. pylori was detected using the RUT.

RESULTS:

173/224 were classified as functional dyspepsia (77.2%). There were 135 males and 89 ladies in the age group 18 to 72 (mean 44.6 ± 14.6 yrs). Peptic ulcers were seen in 7.5%, ca stomach in 4%, erosive gastritis in 5.8%, miscellaneous 3.5%. 102/173 (59%) were

positive for H. pylori. Amongst the various age groups showing H. pylori positivity, 25/36 were >60 years [70%], and 61.7% in 30 to 39 years. There were 29 smokers. H. pylori was detected in 24 (82.8%).



After many clinical studies it has been proved that gastric helicobacter pylori infection is associated with dyspeptic symptoms like upper abdominal pain, nausea, fullness of stomach, flatulence and vomiting and post-cibal bloating. In our study, 59% cases tested positive for helicobacter pylori by rapid urease test, thus indicating that helicobacter pylori infection contributes to a majority of group among

functional dyspepsia patients. In addition to that upper abdominal pain is mostly associated with helicobacter pylori thus pointing the role in generation of dyspepsia symptom. Mirbagheri et al and Shrivastava et al studies revealed that helicobacter pylori infection was found in 67.3% and 65% cases of functional dyspepsia which is also observed to our study. Studies conducted by Bazzoli et al and Shimatani et al., have shown an association between H. pylori infection and epigastric pain. Furthermore, a significant number of cases responded to H. Pylori eradication treatment suggesting the role of H. pylori in functional dyspepsia. In our study Peptic ulcers were seen in 7.5%, ca stomach in 4%, erosive gastritis in 5.8%, miscellaneous 3.5%. 102/173 (59%) were positive for hpylori. Amongst the various age groups showing hpylori positivity, 25/36 were >60 years [70%], and 61.7% in 30 to 39 years. There were 29 smokers. H. Pylori was detected in 24 (82.8%). Testing and treating H. pylori can be beneficial in cases of functional dyspepsia.

CONCLUSION:

H pylori was seen in 59% of our subjects with non ulcer dyspepsia. This compared well with published literature. H. pylori was significantly higher in the smokers.

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