

Hindawi
Gastroenterology Research and Practice
Volume 2018, Article ID 8356948, 2 pages
<https://doi.org/10.1155/2018/8356948>



Letter to the Editor

Comment on “Factors Associated with Recurrent Ulcers in Patients with Gastric Surgery after More Than 15 Years: A Cross-Sectional Single-Center Study”

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Received 26 April 2018; Accepted 31 October 2018; Published 16 December 2018

Academic Editor: Riccardo Casadei

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In a recent interesting study, Pantea et al. assessed the factors associated with recurrent gastric stamp ulcers more than 15 years after gastric surgery. The authors found that factors associated with ulcer recurrence were biliary reflux and alcohol consumption but not *Helicobacter pylori* (*H. pylori*) infection or treatment with drugs known to induce gastric lesions. To assess *H. pylori* status and for routine histology, at least three biopsy specimens were taken from the gastric remnant, anastomosis, and efferent side [1].

H. pylori is a slow-growing, microaerophilic, Gram-negative bacterium, usually acquired during childhood, whose natural habitat is the luminal surface of the gastric epithelium. *H. pylori* infection is accepted as the most important cause of gastritis and peptic ulcer in humans. Both *H. pylori* infection and aspirin/nonsteroidal anti-inflammatory drug (NSAID) use are the most relevant risk factors for the development of peptic ulcer and associated bleeding [2, 3]. *H. pylori* eradication prevents peptic ulcer recurrence and rebleeding [4]. Hence, detection and treatment of *H. pylori* remain the key-step in the strategy for long-term management of these patients. The methods used to diagnose *H. pylori* infection can be classified as invasive or noninvasive, the former being based on biopsy specimens obtained at endoscopy.

Pantea et al. [1] searched for *H. pylori* infection performing at least three biopsies. This could be a correct approach, but in patients currently treated with a proton pump inhibitor (PPI drug), false-negative results may occur [5]. Stopping PPIs two weeks before testing would allow the bacteria to repopulate the stomach and the tests previously negative could once again become positive [6]. Regarding the population included by Pantea et al., it is unclear if some of these patients took PPI drugs. This is crucial to better understand their negative data about the role of *H. pylori* infection. In any case, in patients with a gastric lesion and *H. pylori* negativity at histology, the evaluation of another method (for example, the stool test or the urea breath test) should have been considered, as a confirmatory test.

In conclusion, in the study by Pantea et al., a second test should have been done in case of *H. pylori* negativity to confirm this result.

Disclosure

The contents of this article are the sole responsibility of the authors and necessarily represent personal perspective.

Conflicts of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interests.

References

- [1] M. Pantea, A. Negovan, C. Banescu et al., "Factors associated with recurrent ulcers in patients with gastric surgery after more than 15 years: a cross-sectional single-center study," *Gastroenterology Research and Practice*, vol. 2018, Article ID 8319481, 8 pages, 2018.
- [2] G. V. Papatheodoridis, S. Sougioultzis, and A. J. Archimandritis, "Effects of *Helicobacter pylori* and nonsteroidal anti-inflammatory drugs on peptic ulcer disease: a systematic review," *Clinical Gastroenterology and Hepatology*, vol. 4, no. 2, pp. 130–142, 2006.
- [3] J. Y. Lau, J. Sung, C. Hill, C. Henderson, C. W. Howden, and D. C. Metz, "Systematic review of the epidemiology of complicated peptic ulcer disease: incidence, recurrence, risk factors and mortality," *Digestion*, vol. 84, no. 2, pp. 102–113, 2011.
- [4] A. C. Ford, K. S. Gurusamy, B. Delaney, D. Forman, P. Moayyedi, and Cochrane Upper GI and Pancreatic Diseases Group, "Eradication therapy for peptic ulcer disease in *Helicobacter pylori*-positive people," *Cochrane Database of Systematic Reviews*, vol. 4, 2016.
- [5] X. Calvet, "Diagnosis of *Helicobacter pylori* infection in the proton pump inhibitor era," *Gastroenterology Clinics of North America*, vol. 44, no. 3, pp. 507–518, 2015.
- [6] P. Malfertheiner, F. Megraud, C. A. O'Morain et al., "Management of *Helicobacter pylori* infection – the Maastricht V/Flourance Consensus Report," *Gut*, vol. 66, no. 1, pp. 6–30, 2016.



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