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Accelerated decline in Helicobacter pylori seroprevalence rate during the screen and treat project in Vammala, Finland, as demonstrated in 29- to 45-year-old pregnant women.

https://arctichealth.org/en/permalink/ahliterature181548

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Source: APMIS. 2004 Jan;112(1):34-8

Date: Jan-2004

Language: English

Publication Type: Article

Keywords:
- Adult
- Age Factors
- Antibodies, Bacterial - blood
- Enzyme-Linked Immunosorbent Assay
- Female
- Finland - epidemiology
- Helicobacter Infections - epidemiology - microbiology
- Helicobacter pylori - isolation & purification
- Humans
- Middle Aged
- Pilot Projects
- Pregnancy
- Pregnancy Complications, Infectious - epidemiology - microbiology
- Seroepidemiologic Studies
- Stomach Diseases - epidemiology - microbiology
- Urban Population

Abstract: The potential preventability of serious helicobacter-associated diseases - especially gastric cancer - has evoked interest in eradicating this pathogen from the population. We assessed the efficacy of the pioneering screen and treat intervention project in Vammala by studying helicobacter seroprevalence in pregnant women representing the normal population. Consecutive maternity clinic samples from native Finnish females at five different localities in 1995 (n=701) and 2000 (n=772) were investigated for class IgG H. pylori antibodies by enzyme immunoassay (Pyloriset EIA-G III, Orion Diagnostica, Espoo, Finland). In Vammala the change in helicobacter seroprevalence was -13%-units (between 1995 and 2000; p=0.0125, chi-square test) in ≥29-year-old females, +1.6%-units (difference statistically non-significant) in

PubMed ID: 14961972 View in PubMed

Age at acquisition of Helicobacter pylori in a pediatric Canadian First Nations population.

https://arctichealth.org/en/permalink/ahliterature4343
BACKGROUND: Few data exist regarding the epidemiology of Helicobacter pylori infections in aboriginal, including the First Nations (Indian) or Inuit (Eskimo) populations of North America. We have previously found 95% of the adults in Wasagamack, a First Nations community in Northeastern Manitoba, Canada, are seropositive for H. pylori. We aimed to determine the age at acquisition of H. pylori among the children of this community, and if any association existed with stool occult blood or demographic factors. MATERIALS AND METHODS: We prospectively enrolled children resident in the Wasagamack First Nation in August 1999. A demographic questionnaire was administered. Stool was collected, frozen and batch analyzed by enzyme-linked immunosorbent assay (ELISA) for H. pylori antigen and for the presence of occult blood. Questionnaire data were analyzed and correlated with the presence or absence of H. pylori. RESULTS: 163 (47%) of the estimated 350 children aged 6 weeks to 12 years, resident in the community were enrolled. Stool was positive for H. pylori in 92 (56%). By the second year of life 67% were positive for H. pylori. The youngest to test positive was 6 weeks old. There was no correlation of a positive H. pylori status with gender, presence of pets, serum Hgb, or stool occult blood. Forty-three percent of H. pylori positive and 24% of H. pylori negative children were
[A holistic perspective in a new Swedish study. Connection between H pylori and cancer]
https://arctichealth.org/en/permalink/ahliterature22398

Author: B. Lennholm
Date: Nov-27-1996
Language: Swedish
Publication Type: Article
Keywords: Helicobacter Infections - complications
Helicobacter pylori - isolation & purification
Humans
Research
Stomach Neoplasms - microbiology
Sweden
PubMed ID: 8992167 View in PubMed

[ANALYSIS OF THE RESULTS OF ENDOSCOPIC AND MORPHOLOGICAL STUDIES OF THE STOMACH MUCOSA WITH REDUCED PEPsinogen-I IN PATIENTS WITH H. Pylori (H.P.)--ASSOCIATED GASTRITIS IN TOMSK AND TOMSK REGION].
https://arctichealth.org/en/permalink/ahliterature267353

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Source: Eksp Klin Gastroenterol. 2015;(4):66-70
Date: 2015
Language: Russian
Publication Type: Article
Abstract:

To explore and describe the endoscopic picture of HP--associated atrophic gastritis and to analyze the specificity of endoscopic markers indicating the presence of atrophic gastritis, intestinal metaplasia and dysplasia using high-tech methods of endoscopy in comparison with morphological characteristics of atrophic gastritis defining the degree of activity and stage of atrophic gastritis according to the system OLGA.

40 people: males and females aged 40 to 70 years with a reduced level of pepsinogen I and a positive titre of antibodies to H. pylori in serum--were included into the study.

Risk groups with atrophic gastritis based on indicators of pepsinogen 1 were formed. Endoscopic picture of H. Pylori--associated atrophic gastritis in patients with reduced level of pepsinogen I in serum is studied and described. Analysis of the specificity of endoscopic markers indicating the presence of AG, intestinal metaplasia and dysplasia using high-tech methods of endoscopy (endoscopy with high resolution, magnifying endoscopy, chromoendoscopy and narrow band imaging endoscopy (NBI) is made. Analysis of their sensitivity in comparison with the results of morphological studies of biopsy material is made.

Thus, these studies show that high-resolution endoscopy in combination with magnification and chromoendoscopy allows accurately identify areas of atrophy, intestinal. Narrow band imaging endoscopy (NBI) provides a detailed picture of the vascular pattern of tissues, pattern changes typical for pathological areas of inflammatory genesis, as well as for precancers and early cancers. All these methods have high sensitivity and specificity in the diagnosis of HP-associated atrophic gastritis in comparison with the results of morphological studies of biopsy materials of stomach mucosa.
BACKGROUND. Helicobacter pylori infection plays an important part in the development of atrophic gastritis and intestinal metaplasia, conditions that predispose patients gastric cancer. Profound suppression of gastric acid is associated with increased severity of gastritis caused by H. pylori, but it is not known whether acid suppression increases the risk of atrophic gastritis. METHODS. We studied patients from two separate cohorts who were being treated for reflux esophagitis: 72 patients treated with fundoplication in Sweden and 105 treated with omeprazole (20 to 40 mg once daily) in the Netherlands. In both cohorts, the patients were followed for an average of five years (range, three to eight). After fundoplication, the patients did not receive acid-suppressive therapy. The presence of H. pylori was assessed at the first visit by histologic evaluation in the fundoplication group and by histologic and serologic evaluation in the omeprazole group. The patients were not treated for H. pylori infection. Before treatment and during follow-up, the patients underwent repeated gastroscopy, with biopsy sampling for histologic evaluation. RESULTS. Among the patients treated with fundoplication, atrophic gastritis did not develop in any of the 31 who were infected with H. pylori at base line or the 41 who were not infected; 1 patient infected with H. pylori had atrophic gastritis before treatment that persisted after treatment. Among the patients treated with omeprazole, none of whom had atrophic gastritis at base line, atrophic gastritis developed in 18 of the 59 infected with H. pylori.
Bleeding peptic ulcer - time trends in incidence, treatment and mortality in Sweden.

https://arctichealth.org/en/permalink/ahliterature98994

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Source: Aliment Pharmacol Ther. 2009 Aug 15;30(4):392-8

Date: Aug-15-2009

Language: English

Publication Type: Article

Keywords: Adult
Age Distribution
Aged
Aged, 80 and over
Anti-Ulcer Agents - therapeutic use
Cohort Studies
Female
Helicobacter Infections - complications - drug therapy
Helicobacter pylori - isolation & purification
Humans
Incidence
Male
Middle Aged
Peptic Ulcer - epidemiology - mortality - therapy
Peptic Ulcer Hemorrhage - epidemiology - mortality - therapy
Risk factors
Sex Distribution
Sweden - epidemiology
Time Factors
Treatment Outcome

Abstract: BACKGROUND: The incidence of peptic ulcer disease was expected to decrease following the introduction of acid inhibitors and Helicobacter pylori eradication. AIM: To analyse possible changes in the incidence of bleeding peptic ulcer, treatment and mortality over time. METHODS: Residents of Malmö hospitalized for bleeding gastric or duodenal ulcer disease during 1987-2004 were identified in hospital databases (n = 1610). The material was divided into 6-year periods to identify changes over time. All patients who had been submitted to emergency surgery (n = 137) were reviewed. RESULTS: The incidence rate for bleeding gastric or duodenal ulcers decreased by one half in males and by one-third in females and emergency operations decreased significantly (9.2%, 7.5% and 5.7% during the three time periods, respectively (P

PubMed ID: 19508403 View in PubMed
Choosing optimal first-line Helicobacter pylori therapy: a view from a region with high rates of antibiotic resistance.

https://arctichealth.org/en/permalink/ahliterature260886

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Date: 2014

Language: English

Publication Type: Article

Keywords: Adult
Anti-Bacterial Agents - administration & dosage - pharmacology - therapeutic use
Drug Resistance, Bacterial
Drug Therapy, Combination
Helicobacter Infections - complications - drug therapy - microbiology
Helicobacter pylori - isolation & purification
Humans
Lymphoma, Non-Hodgkin - microbiology - prevention & control
Peptic Ulcer - microbiology - prevention & control
Russia - epidemiology
Stomach Neoplasms - microbiology - prevention & control

Abstract:
Helicobacter pylori is a gram-negative, microaerophilic spiral bacillus that is associated with life-threatening diseases such as gastric cancer, gastric MALT lymphoma, and peptic ulcer disease. The definition of an effective therapy is one that achieves at least a 90% eradication rate on a per-protocol basis with the first attempt. Eradication rates of H. pylori have declined to unacceptable levels worldwide, mostly due to antibiotic resistance and standard triple therapy gradually has lost its efficacy in most counties. However, bismuth quadruple therapy, when prescribed properly, has maintained its effectiveness. Alternative first-line regimens such as sequential and concomitant therapy were developed to substitute for standard triple therapy and were highly effective in the countries where they were developed, but proved susceptible to failure in regions with high rates of antibiotic resistance. Antibiotic resistance rates in Russia are high, however there is lack of data regarding comparative efficacy of first-line eradication options. The authors of this review extrapolate the knowledge of H. pylori first-line eradication options in Russia based on data from other countries, as well as from domestic studies. The available data support use of 14-day regimens with concomitant therapy, bismuth quadruple therapy, or furazolidone quadruple therapy for empiric use in adults. In addition, 14-day levofloxacin-containing therapies could be used if resistance is relatively low or lacking as triple therapy or possibly as a 5-day concomitant levofloxacin therapy.

PubMed ID: 24180406 View in PubMed

Clinical significance and outcome of gastric mucosal erosions: a long-term follow-up study.

https://arctichealth.org/en/permalink/ahliterature76129
Our purpose was to evaluate the long-term clinical significance of gastric erosions. A series of 117 patients with gastric erosions without peptic ulcer disease, and matched controls were studied in 1974-1979. All available subjects were reinvestigated 17 years later, including detailed clinical history and laboratory analysis. At follow-up, erosions were still more prevalent (39%; 20/50) in the erosion group than in the controls (11; 7/66). In Helicobacter pylori-positive participants, peptic ulcer or a scar was more common in the erosion group (17%; 9/52) than in controls (5%; 3/66). Overall malignancy rate was higher in controls (15%; 17/117) than in erosion group (5%; 6/117; P = .025), but no other differences were seen between the groups or related with current erosion. We conclude that a significant proportion of gastric erosions are chronic or recurrent but mostly without serious complications. However, H. pylori-positive patients with erosions have significant risk to develop a peptic ulcer.
Clinical significance of widespread gastric metaplasia in the duodenal bulb.

https://arctichealth.org/en/permalink/ahliterature168427

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Date: Jul-2006

Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Aged
Aged, 80 and over
Duodenal Ulcer - epidemiology - microbiology - pathology
Duodenum - innervation - microbiology - pathology
Finland - epidemiology
Gastric Mucosa - innervation - microbiology - pathology
Gastritis - epidemiology - microbiology - pathology
Helicobacter Infections - complications - epidemiology - pathology
Helicobacter pylori - isolation & purification
Humans
Metaplasia - epidemiology - microbiology - pathology
Middle Aged
Prevalence
Retrospective Studies
Vagotomy
Vagotomy, Proximal Gastric
Vagotomy, Truncal
Abstract: All the risk factors of peptic ulcer disease are not thoroughly understood. To assess duodenal gastric metaplasia (DGM) in relation to Helicobacter pylori status and endoscopy findings with special reference to the effects of highly selective vagotomy.

The study population consisted of 1056 adult patients and an additional 154 patients who had had a highly selective vagotomy. Their clinical and endoscopy records as well as the histology of gastric and duodenal biopsies were evaluated retrospectively. H. pylori infection had been determined by serology and culture.

Widespread (more than 20%) DGM was strongly associated with H. pylori positive duodenal ulcer disease (in 59.7% of patients). The prevalence of DGM diminished progressively the more proximally the ulcer was located in the stomach, and was 2.5% in proximal gastric ulcers patients. In vagotomized patients, the prevalence of widespread DGM (8.4% of patients, median 14 years after operation and the majority still H. pylori positive) was close to that of patients with H. pylori gastritis without peptic ulcer disease (4.5%).

Widespread DGM is an indicator for an increased risk of duodenal ulcer among H. pylori positive patients and it could be used to select patients for eradication therapy.

PubMed ID: 16825933 View in PubMed

[Comparative characteristics of pathogenesis of chronic gastroduodenetic pathology in servicemen from different professional groups].

https://arctichealth.org/en/permalink/ahliterature168756

Abstract: 345 servicemen from Air Forces were being examined. That group consisted of 105 servicemen working in deepened special constructions (DSC), 62 from flying staff and 178 from compact sampling. Statistical processing of questionnaire results and the data of gastroenterological examination have shown that main well-known ethiopathogenetic factors influence negatively during the course of chronic gastroduodenetic pathology in servicemen. By the way the main element of pathogenesis in DSC personnel is Helicobacter pylori invasion, and in flying staff is an alimentary factor and unhealthy habits.

PubMed ID: 16784103 View in PubMed