

Clinical Management of H. pylori- related Gastrointestinal Disorders-An Update

Ming-Shiang Wu, M.D., Ph.D.
Department of Internal Medicine
National Taiwan University Hospital

H. pylori has been reported to infect more than half of the adult population in the world. The disease phenotypes of H. pylori infection include gastritis (80-85%), peptic ulcer (10-15%), gastric adenocarcinoma (1-2%) and gastric mucosa-associated lymphoid tissue lymphoma (MALToma, <0.01%). Currently, eradication of H. pylori could decrease the recurrence of peptic ulcer, cure MALToma, potentially prevent the development of gastric cancer, and be beneficial in a certain portion of functional dyspepsia. Despite a wealth of investigations indicating the adverse outcome after H. pylori infection, no countries have yet implemented a population-wide screening and treatment program for H. pylori. Furthermore, recent epidemiologic studies have suggested that H. pylori might have a beneficial effect and the indiscriminate eradication of H. pylori might not be wholly desirable.

The variable clinical outcomes of H. pylori infection are attributed to the variation in extent and severity of gastric inflammation with resulting differences in gastric acid secretion. A complex interaction of host and microbes leading to chronologic changes in pattern of gastritis and gastric acid secretion is the gateway to understand the pathogenesis of H. pylori-related gastroduodenal disorders. Age of infection, environment cofactors (nutrition), host genetic and microbial virulence are reported factors that influence the above interaction. Further clinical and basic researches to elucidate the pathogenesis of H. pylori-related gastroduodenal diseases and understand each individual risk of developing disease will optimize the recommendations for appropriate management of H. pylori infection.