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Summary

Differences between new paediatric and new adult H. pylori guidelines

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Digestive Oncology | Stomach & H. Pylori | Paediatrics

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Paediatric guidelines for Helicobacter pylori infection, updated in 2024, strongly oppose test-and-treat and mass screening strategies in children because serious outcomes including gastric carcinoma and persistent intestinal metaplasia are extremely rare before adulthood.

KEY POINTS

- The speaker stated that more than 95% of infected children are asymptomatic, compared to 80% of adults, and ulcer occurrence is only around 5% in children versus 15-20% in adults.
- No cases of gastric carcinoma due to Helicobacter pylori infection occur below 40 years of age, and malt lymphoma in children is extremely rare with no case reports in the last 10 years, according to the speaker.
- A Ljubljana study of 50 young adults followed 10-15 years after childhood diagnosis of intestinal metaplasia found that the gastric mucosa regenerated spontaneously in the majority, with no progression to dysplasia or carcinoma in any case.
- Intestinal metaplasia in children differs from adults—it is always complete type, focal in the antrum, occurs only in teenagers, and does not represent a point of no return, the speaker stated.
- The speaker stated that clarithromycin resistance in Europe is 30%, reinfection rates in children are three times higher than adults (up to 10% versus 2-3%), and repeated antibiotic courses risk increasing resistance.
- Indications for testing and treating Helicobacter pylori in children are limited to ulcer disease or erosions found at endoscopy, unexplained refractory anaemia, or a first-degree relative with gastric carcinoma.

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