H. pylori infection: Pitfalls in diagnosis and its gastric and other consequences

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Stomach & H. Pylori

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The speaker reviewed diagnostic pitfalls in H. pylori testing, emphasizing that proton pump inhibitors, atrophy, and sampling errors reduce test sensitivity and that missed diagnosis can lead to gastric cancer.

KEY POINTS

- Proton pump inhibitors should be stopped 14 days before testing because PPIs cause H. pylori to migrate to the proximal stomach; if a patient is on PPIs, taking two biopsies from the corpus region allows detection of at least 90% of cases, the speaker stated
- The speaker reported that breath tests miss 30 per 1000 infections, serology misses 86 per 1000, and biopsy histology misses 13 to 30 percent due to patchy bacterial distribution
- Serology requires an additional confirmatory test indicating active infection before treatment and should only use locally validated IgG tests, according to current guidelines cited by the speaker
- The speaker stated that since 2015 H. pylori gastritis is classified as an infectious disease requiring treatment even without symptoms, and Rome V consensus now recommends testing dyspeptic patients first for H. pylori
- Patients older than 45 to 50 or those at risk for gastric cancer require endoscopy with histological mapping using Sydney or Olga classification to identify patients needing follow-up, the speaker stated
- The speaker emphasized that missing H. pylori diagnosis is catastrophic because infection progresses to cancer in up to 10 percent of cases, and missing diagnosis in a bleeding ulcer patient could lead to further complications

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