

Detection of *Helicobacter pylori* Occurring in Different Types of Ulcer Patients by RUT

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ABSTRACT

The background evidence of the association between *H. pylori* and peptic ulcer is reviewed, together with methods of diagnosing *H. pylori* infection. Serological testing is considered to be simple, cheap and effective. At least one authority considers serological tests for *H. pylori* to be the "gold standard" against which all other should be measured. *Helicobacter pylori* (HP) are Gram negative spiral bacterial which occur in the human stomach. The bacteria were cultured *in vitro* for the first time in 1983, it is suspected that the bacteria may cause chronic gastritis of type B and may also be a contributory cause of chronic ulceration and cancer of the stomach. The bacteria are accompanied by characteristic inflammatory changes in the gastric mucosa. The significance for gastritis, chronic ulceration, non-ulcer dyspepsia and carcinoma of the stomach is discussed. *Helicobacter pylori* occurs in great proportion of the population of the world and the frequency increases with age. The route of infection is unknown but faecal-oral infection is probable. Our knowledge about the cause of peptic ulcer disease, of the aetiology of gastric cancer, and perhaps of some forms of dyspepsia is in a state of revolution. The discovery of the infective organism *Helicobacter pylori* and its involvement in these diseases has begun to change our views on how to approach diagnosis and treatment. Correlation between the presence of HP and occurrence of symptom is poor in the individual patient, the bacteria can be demonstrated histologically, cytological, by culture by the urease test, by the urease expiration test or serologically. The bacteria are sensitive for a series of antibiotics and bismuth but no effective treatment is known as the recurrence is high.

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Key words :
Helicobacter pylori, Ulcer

Helicobacter pylori infection and gastro duodenal disease : a comparison of endoscopic findings, histology and urease test data. (Haruma K. Okamoto S. Sunil K. *et al.* Department of Internal Medicine, Hiroshima University School of Medicine, Japan).

To determine the prevalence and significance of *Helicobacter pylori* infection, biopsies of the antral mucosa were obtained from 139 patients and 43 asymptomatic volunteers. The specimens were examined by hematoxylineosin staining and the urease test. The detection rate of *Helicobacter pylori* by histological examination was 91.3% inpatient with duodenal ulcer, 75.0% in those with combined duodenal and gastric ulcer, 63.6% in those with gastric with gastric hyperplastic polyp, and 51.7% in those with gastritis, and respective percentages detected by the urease test 91.3%, 75.0%, 54%, 28.6%, 27.3%, 14.3% and 44.8%, *Helicobacter pylori* was also detected in 10/43 (23.3%) asymptomatic, healthy volunteers by histology and the urease

test. The prevalence of *Helicobacter pylori* was significantly higher in the patients that in the asymptomatic healthy. It is now almost 22 years since the isolation of *Helicobacter pylori* by Dr. Robin Warren and Dr. Barry Marshall in Perth in western Australia, this important event heralded as revolution in the thinking about the pathophysiology and treatment in the thinking about the pathophysiology and treatment of peptic ulcer disease moreover the concept of peptic ulcer disease has changed to being just one of several possible outcomes of an infectious disease where cure of the infection can virtually abolish the risk of ulcer recurrence. The scientific medical economic social significance of this disease was recognized in the USA by consensus conference of the national institutes of health held in 1994 the consensus panel concluded that "Ulcer patient with *Helicobacter pylori* infection requires treatment with antimicrobial agent in addition to anti secretory drugs whether on first presentation or on recurrence".

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