

Letter to the Editor

A Comment on the Letter on unacceptability of Kyoto protocol about *Helicobacter pylori*

Chiara Rosso¹, Gian Paolo Caviglia¹

Cite this article as: Rosso C, Caviglia GP. A Comment on the Letter on unacceptability of Kyoto protocol about *Helicobacter pylori*. *Arch Iran Med*. 2015; 19(12): 886.

Dear Editor,

We read with interest the letter by Sadegh Massarrat on the unacceptability of Kyoto Global Consensus Report on *Helicobacter pylori* (*H. pylori*) Gastritis.¹ The author criticizes the statement 17, that reads, “*Helicobacter pylori* infected individuals should be offered eradication therapy, unless there are competing considerations”.² We believe that clinicians should separate the case of patients who have *H. pylori* related gastritis from those with *H. pylori* infection without clinical symptoms. In the former, eradication could be justified although its real benefit remains unclear in the setting of dyspepsia but in the latter, eradication is not justified and we agree with the comment of Dr. Massarrat. We think that massive eradication of *H. pylori* is useless and associated with an increased risk of other pathologic conditions such as asthma in both pediatric and adult populations.³ The antibiotic treatment could not be recommended in the so called “extra-hepatic” manifestations of *H. pylori* infection.⁴ Furthermore, the rate of *H. pylori* eradication is limited by the high presence of antibiotic resistance making the level of

care unacceptable.⁵

In conclusion, *H. pylori* eradication should be only considered in patients with well-defined pathological conditions according to Maastricht Consensus report.⁶

The authors disclose no conflicts of interests

References

1. Sugano K, Tack J, Kuipers EJ, Graham DY, El-Omar EM, Miura S, et al. Kyoto global consensus report on *Helicobacter pylori* gastritis. *Gut*. 2015; 64(9): 1353 – 1367.
2. Massarrat S. Unacceptability of Kyoto Global Consensus Report on *Helicobacter Pylori* gastritis. *Arch Iran Med*. 2016; 19(7): 527.
3. Lim JH, Kim N, Lim SH, Kwon JW, Shin CM, Chang YS, et al. Inverse Relationship Between *Helicobacter Pylori* Infection and Asthma Among Adults Younger than 40 Years: A Cross-Sectional Study. *Medicine (Baltimore)*. 2016; 95(8): e2609.
4. Adriani A, Fagoonee S, De Angelis C, Altruda F, Pellicano R. *Helicobacter pylori* infection and dementia: can actual data reinforce the hypothesis of a causal association? *Panminerva Med*. 2014; 5(3): 195 – 199.
5. Ribaldone DG, Fagoonee S, Astegiano M, Saracco G, Pellicano R. Efficacy of amoxicillin and clarithromycin-based triple therapy for *Helicobacter pylori* eradication: a 10-year trend in Turin, Italy. *Panminerva Med*. 2015; 57(3): 145 – 146.
6. Malfertheiner P, O’Morain C, Bazzoli F, El-Omar E, Graham D, Hunt R, et al. Current concepts in the management of *Helicobacter pylori* infection: the Maastricht III Consensus Report. *Gut*. 2007; 56(6): 772 – 781.

Authors’ affiliation: ¹Department of Medical Sciences, Lab. of Gastroenterology, University of Turin, Turin, Italy

Corresponding author and reprints: Gian Paolo Caviglia PhD, Department of Medical Sciences, Lab. of Gastroenterology, University of Turin, Via San Massimo 24, Turin, 10123, Italy. Tel: +39-0116333922. Fax: +39-0116333976. E-mail: caviglia.giampi@libero.it

Accepted for publication: 10 November 2016