

Letter to the Editor

Unacceptability of Kyoto Global Consensus Report on *Helicobacter Pylori* Gastritis

Dear Editor,

In the article published recently in the Gut, many experts in the field of *H. pylori* infection were gathered in Kyoto and agreed to a statement on eradication of *H. pylori*.¹ The experts concluded that *H. pylori* infection should be considered as an infectious disease, like tuberculosis and syphilis, and has to be eradicated in all individuals. This recommendation to deal with *H. pylori* infection can't 'be accepted not only in countries like Iran where *H. pylori* infection is almost universal in the adult population, but also in countries with a low infection rate.

Tuberculosis is beside of its high economic burden for society and the long duration of its treatment, is not a symptomless disease and comparable to the long life silent *H. pylori* infection disease: in 33 studies, the death rate of tuberculosis ranges between 1.8% to 33.3% during the time period of active treatment of patients.² Fetal death occurring in gravid women with asymptomatic syphilis infection in the general population of South America and Africa, where a high prevalence of *H. pylori* infection exists, is a serious problem.^{3,4} However, *H. pylori* infection in a large population study in USA, except for gastric cancer, was not responsible for all-cause mortality.⁵

Regarding the eradication of each patient with *H. pylori* positive dyspepsia, our experiences in Iran were negative: 110 patients with *H. pylori* positive dyspepsia not responding to previous 4 weeks treatment with antacid were randomized to eradication or symptomatic treatment, the complete or moderate response to treatment after 9 months was the same in both groups.⁶ In another recent publication from Iran, with 359 *H. pylori* positive dyspepsia, the eradication therapy compared with the placebo group was not successful after one year follow-up.⁷

The experiences obtained in other countries were not impressive and the benefit of *H. pylori* eradication was small; only one out of 14 subjects with non-ulcer dyspepsia had long term responses by a meta-analysis.⁸ A better response of eradication therapy in non-ulcer dyspepsia was achieved in China.^{9,10} As the cause of non-ulcer dyspepsia is heterogeneous, then the effect of eradication therapy must be proven in each country. It should be considered that the prevalence of ulcer-like dyspepsia as probable precursor of peptic ulcer disease might be different in various countries.

From the other hand, eradication of *H. pylori* in the population with no risk for peptic ulcer disease or gastric cancer could be associated with some inadequate consequences, which overweighs the small benefit of eradication even in non-ulcer dyspepsia. In 1997, Labenz, et al. reported the occurrence of reflux-esophagitis in patients with duodenal ulcer within 3 years after *H. pylori* eradication, compared with those not eradicated.¹¹ In spite of some controversy, a careful case and control study confirmed this finding.¹² In a meta-analysis with 43 case-control studies and a few cohort studies, this post-eradication sequelae was confirmed.¹³ The risk of occurrence of esophagitis after *H. pylori* eradication was greater in Asian than in European countries.

Furthermore, there is now adequate evidence about the inverse association of *H. pylori* infection with Barrett Esophagus,¹⁴

adenocarcinoma of cardia and distal esophagus,^{15,16} as well as with the occurrence of asthma in the children¹⁷ and adults.¹⁸ Beside these disadvantages of eradication of *H. pylori* infection, the harmful effect of treatment with two antibiotics on the human intestinal microbiota, which are essential to the health, must not be disregarded.

The cost and side effects of *H. Pylori* eradication in population of a country like Iran is also huge and it is not acceptable when compared with questionable benefit. There are plenty of arguments to avoid *H. pylori* eradication in all individual with infection not only in countries with high prevalence of *H. pylori* infection, but even in those with a low infection rate.

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