The association of Helicobacter pylori infection (Hpi) with several skin disorders is a matter of dispute [1]. A putative association between Hpi and chronic recurrent erythema nodosum (EN) [2] has not yet been described. Patient 1 was a 21-year-old woman seen by the author in 2003 after her ninth EN recurrence and 2 admissions to hospital in 4 years. Patient 2 was a 38-year-old man who came for consultation in 2005 after 3 EN relapses in 1 year. Both patients had been repeatedly and thoroughly studied for EN causes [2] without appreciable results. They were otherwise in good health, and their medical history was unremarkable as to significant diarrhea or enteritis. Investigations aimed at H. pylori demonstration were prompted by the clinical clue of vague reflux-like dyspepsia. Patients resulted positive to urea breath test, 

Hpi and EN: where is the evidence? Applying a commonly used set of causal criteria [3], we find that the following ones are fulfilled by the present cases:

(1) Plausibility: Campylobacter spp., which are biologically related to H. pylori, are recognized causes of EN [2].

(2) Analogy: Helicobacter cynaedi bacteremia can present with an EN-like eruption in immunosuppressed patients [4]. EN-like lesions of Behçet’s disease substantially disappeared in patients treated for concomitant Hpi [5].

(3) Coherence: Hpi is a chronic, creeping disease, with recognized systemic implications, such as antigen shedding and activation of the immune system [1, 5, 6]. Typical EN ensues from similarly disturbed settings [2]. One case of EN associated with confirmed Hpi in a patient with rectal MALT lymphoma has been reported [6]. Both diseases improved after Hpi treatment. Even lymphomas can rarely cause EN as well [2, 7], including 1 case of gastric centrofolicular lymphoma [7]. However, this was reported in 1989, when laboratory investigations for Hpi were not readily available.

(4) Semi-experimental evidence: EN disappeared after triple treatment of Hpi. Other causes of EN (either infectious or noninfectious ones), which, being sensitive to clarithromycin, metronidazole or lansoprazole, could act as hypothetical confounders, have never been demonstrated in these patients.

(5) Temporality: this is an unarguable criterion [3]. Given the fact that it has not been demonstrated that Hpi cannot precede EN, the current hypothesis that Hpi can cause EN cannot be dispensed with to date.

This topic clearly needs further studies. Practical clinicians could contribute to address stronger causality tenets [3] from an observational viewpoint, by prescribing relatively inexpensive H. pylori laboratory investigations and therapy to patients presenting with unexplained EN.

References


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