Dear Sir,

Helicobacter pylori (HP) is highly associated with histologically proven gastritis and peptic ulcer disease in patients with gastrointestinal symptoms [1]. Uremic patients are especially prone to develop dyspeptic symptoms and gastroduodenitis [2]. A high urea content of the mucus in the stomach may predispose to HP infection [3]. It has been postulated that IgG and IgA ELISA tests, used together, can diagnose HP infections with a specificity exceeding 90% [4]. Because of the excellent sensitivity, specificity and low cost we have studied IgG and IgA antibodies against HP, and the results were correlated with dialysis duration, mean blood urea nitrogen levels in 72 (52 were on chronic hemo-dialysis therapy) uremic (GFR < 10 ml/min) patients and 36 age-matched healthy as well as 36 nonulcer dyspepsia controls. The IgG, IgA and both antibodies against HP of the study groups are shown in figures 1 and 2. There was no correlation between dialysis duration, blood urea nitrogen levels and HP antibodies and also none between the results of dialyzed and nondialyzed patient groups. Our results are similar to the literature data based on different diagnostic methods [5-8]. In conclusion the high blood urea levels and dialysis therapy did not seem to affect the possibility of infection. To perform the noninvasive serological tests for HP may be particularly useful for screening a uremic population to help decide whether to perform endoscopy or not as it is known that many uremic patients suffer from dyspeptic complaints.

IgA IgG + IgA

Fig. 1. Prevalence of HP in healthy controls (○), nonulcer dyspepsia (□) and uremic patients (■).

References


Fig. 2. HP antibody prevalence in uremic dialyzed (■) and nondialyzed patients (D).


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