

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

Upper GI bleeding in cirrhotic patients: Which method to search for Helicobacter pylori infection?

This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1674848> since 2018-08-27T13:24:36Z

Published version:

DOI:10.1002/hep.30108

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

Upper GI bleeding in cirrhotic patients:

Which method to search for *Helicobacter pylori* infection?

Rinaldo Pellicano, M.D.¹ , Marilena Durazzo, M.D., Prof.²

¹Unit of Gastroenterology, Molinette Hospital, Turin, Italy

²Department of Medical Sciences, University of Turin

Correspondence: Rinaldo Pellicano, M.D., Outpatients Clinic, Molinette-S.G.A.S. Hospital,
Via Cavour 31, III piano, 10100 Torino, Italy.
E-mail: rinaldo_pellican@hotmail.com

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/hep.30108

TO THE EDITOR:

In a recent article, Ardevol et al. showed, in a multicentre cohort study, that patients with cirrhosis and acute peptic ulcer bleeding (PUB) had a survival rate similar to those with variceal bleeding. Few patients in both groups died from uncontrolled bleeding, which is the cause of death usually related to liver failure or comorbidities. The authors reported that among patients with PUB, the latter was related to *Helicobacter pylori* (*H. pylori*) infection in 29% of cases.⁽¹⁾

We agree with the authors that *H. pylori*, the main cause of peptic ulcer and often of PUB in non-cirrhotic patients, has a minor role in case of cirrhosis.⁽²⁾ However, the importance to prevent partially or completely peptic ulcer recurrence, with or without re-bleeding, renders the search for *H. pylori* mandatory. The methods to diagnose *H. pylori* infection can be classified as invasive or non-invasive, the former being based on biopsy specimens obtained at endoscopy. The choice of the test depends on the clinical context. Usually, during the active bleeding biopsy, obviously, samples are not collected. The Maastricht V/Florence Consensus Report highlights that serology, in conditions (as bleeding) that may lead to a low bacterial load in the stomach and to a decreased sensitivity of all diagnostic methods, can be the optimal option.⁽³⁾ Since, in the paper by Ardevol *et al.*, it is unclear which method has been used to diagnose *H. pylori* infection, we believe that this important information will further enrich their interesting work.

REFERENCES

- 1) Ardevol A, Ibañez-Sanz G, Profitos J, et al. Survival of patients with cirrhosis and acute peptic ulcer bleeding compared with variceal bleeding using current first-line therapies. *Hepatology* 2018; 67:1458-71.
- 2) Pellicano R, Ribaldone DG, Fagoonee S, et al. A 2016 panorama of *Helicobacter pylori* infection: key messages for clinicians. *Panminerva Med* 2016;58:304-17.
- 3) Malfertheiner P, Megraud F, O'Morain CA, et al. Management of *Helicobacter pylori* infection-the

Maastricht V/Florence Consensus Report. Gut 2017;66:6-30.

CONFLICT OF INTEREST

The author declares no conflict of interest.

Accepted Article