

# When Is Endoscopic Follow-up Appropriate After *Helicobacter pylori* Eradication Therapy?



Ernst J. Kuipers, MD, PhD

## KEYWORDS

- *Helicobacter pylori* • Eradication • Endoscopy • Follow-up • Biopsy • Peptic ulcer
- Atrophic gastritis • MALT lymphoma

## KEY POINTS

- The roles of *Helicobacter pylori* and eradication therapy have been firmly established in a range of gastroduodenal disorders.
- Confirmation of successful *H pylori* eradication is needed in patients with persistent or recurrent symptoms as well as in those with complicated peptic ulcer.
- Further endoscopic surveillance after *H pylori* eradication is needed in patients with advanced premalignant gastric lesions, previous early gastric cancer, and gastric mucosa associated lymphoid tissue lymphoma and in carriers of a hereditary cancer syndrome with gastric cancer risk.

## INTRODUCTION

The introduction of acid suppressants and the recognition of *Helicobacter pylori* as a pathogen revolutionized gastroenterology practice. It meant that chronic, debilitating conditions, such as peptic ulcer disease, could be treated with a course of antibiotics. Patients were relieved from the stigma of suffering from a psychosomatic disease and from long treatments and hospital admissions, often ending in surgery. A younger generation of physicians may easily underestimate this impact. The author and colleagues previously estimated it for the Netherlands alone, a small country with 17 million inhabitants. The improvement in peptic ulcer treatment led to a yearly gain of 46,000 quality-adjusted life-years and annual savings of at least €1.8 billion.<sup>1</sup> These major changes

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Competing interests: none.

Department of Gastroenterology and Hepatology, Erasmus MC University Medical Center, s-Gravendijkwal 230, 3015 CE, Rotterdam, The Netherlands

E-mail address: [e.j.kuipers@erasmusmc.nl](mailto:e.j.kuipers@erasmusmc.nl)

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have not removed the necessity for endoscopic follow-up for a proportion of patients with *H pylori*-associated conditions. They need follow-up to monitor the underlying disease and/or to confirm successful bacterial eradication when persistent colonization puts patients at significant risk for disease recurrence or progression. This article focuses on the need for endoscopic follow-up after *H pylori* eradication therapy (Table 1).

<b>Table 1</b>			
<b>Need for follow-up after <i>H pylori</i> eradication therapy</b>			
<b>Disease Category</b>	<b>Condition</b>	<b>Endoscopic Follow-up After <i>H pylori</i> Eradication Therapy</b>	<b>Purpose of Follow-up</b>
Dyspepsia	Uninvestigated dyspepsia	Only in case persistent/recurrent symptoms	Establish diagnosis, reassess <i>H pylori</i> status
	Functional dyspepsia	Only in case persistent/recurrent symptoms and lack of noninvasive <i>H pylori</i> test	Reassess <i>H pylori</i> status
Peptic ulcer	Duodenal ulcer, uncomplicated	Only in case persistent/recurrent symptoms and lack of noninvasive <i>H pylori</i> test	Reassess <i>H pylori</i> status
	Gastric ulcer, uncomplicated, unsuspected, negative histology, and evident cause	Only in case persistent/recurrent symptoms and lack of noninvasive <i>H pylori</i> test	Reassess <i>H pylori</i> status
	Gastric ulcer, possibly malignant, negative baseline histology	Repeat gastroscopy with biopsy sampling	Reconfirm benign cause, reassess <i>H pylori</i> status
	Gastric or duodenal ulcer, complicated	Only if noninvasive <i>H pylori</i> test not available	Reassess <i>H pylori</i> status
Premalignant lesions	OLGIM stage III & IV	Surveillance gastroscopy with biopsy sampling	Monitor disease progression, reassess <i>H pylori</i> status
	Dysplasia	Surveillance gastroscopy with biopsy sampling	Monitor disease progression, reassess <i>H pylori</i> status
Gastric malignancy	Early gastric cancer, after endoscopic treatment	Surveillance gastroscopy with biopsy sampling	Monitor disease recurrence, reassess <i>H pylori</i> status
	MALT lymphoma	Surveillance gastroscopy with biopsy sampling	Monitor disease remission, reassess <i>H pylori</i> status
	Familial gastric cancer	Only if noninvasive <i>H pylori</i> test not available	Reassess <i>H pylori</i> status
	Hereditary cancer syndrome	Surveillance gastroscopy with biopsy sampling	Monitor disease occurrence, reassess <i>H pylori</i> status

**Abbreviations:** MALT, mucosa-associated lymphoid tissue; OLGIM, Operative Link on Gastric Intestinal Metaplasia Assessment.

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