Screening to Identify and Eradicate *Helicobacter* pylori Infection in Teenagers in Japan



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KEYWORDS

- Helicobacter pylori Gastric cancer Prevention Health screening Teenager
- School children Cost-effectiveness Medical economy

KEY POINTS

- The rate of prevalence of Helibobacter pylori infection in Japanese teenagers is 4% to 5% at present.
- A very high participation rate of screening examination for H pylori infection using urinebased rapid test kit was achieved in high school health screening.
- The most common endoscopic findings for students with *H pylori* infection are nodular gastritis and closed-type atrophic gastritis.
- If this procedure was introduced nationwide, the cost of the prevention of a gastric cancer would be 481,144 yen (\$4184 dollars) per person.
- The low rate of prevalence of *H pylori* infection makes it possible to perform this nation-wide plan from a viewpoint of medical economy.

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INTRODUCTION

Helicobacter pylori infection is etiologically related to several gastric diseases, such as gastritis, gastroduodenal ulcer, gastric cancer, and mucosa-associated lymphoid tissue (MALT) lymphoma. Gastric cancer is one of the common malignant neoplasms in East Asia including Japan, and many people die of gastric cancer each year. Recently, it has been confirmed that H pylori infection is a significant risk factor for gastric cancer epidemiologically, 1,2 experimentally, 3,4 and clinically. 5 This has been proved by experiments using animals⁶ and also by randomized clinical studies^{7,8} showing that eradication of *H pylori* reduces the occurrence of gastric cancer. Furthermore, Nozaki and colleagues⁹ reported that early stage eradication of H pylori was more effective in reducing the late occurrence of gastric cancer compared with late-stage eradication in animal experimentation. From these data, eradication of H pylori is thought to be beneficial for the prevention of human gastric cancer, and it is more effective to treat H pylori infection in young people compared with old people. Furthermore, H pylorirelated diseases, especially complicated gastroduodenal ulcer, which can cause death and emergency operations because of perforation or bleeding, can be prevented by cure of *H pylori*. Most Japanese experts of *H pylori* infection agree that *H* pylori should be treated in young people, but the method of mass screening for H pylori infection and the most suitable age for receiving the treatment remain controversial.

This article presents our attempts at examination and treatment of *H pylori* infection in high school health screening between 2007 and 2013. The purpose of this study was to collect data regarding the screening for *H pylori* infection in health screenings in school, and to identify the actual effects of *H pylori* infection in Japanese teenagers.

AN EXAMINATION AND TREATMENT OF HELICOBACTER PYLORI IN HIGH SCHOOL STUDENTS

We have proposed that a screening for *H pylori* infection should be introduced into health screenings in school, and have performed this procedure in one Japanese high school since 2007. ¹⁰ The study was approved by the Ethics Committee of Shinshu University School of Medicine.

First Screening Examination for Helicobacter pylori Infection

All students of the second year in high school were annually examined about the status of *H pylori* infection using a urine-based rapid test kit (RUPIRAN; Otsuka Pharmaceutical Co, Tokyo, Japan). Students were between ages 16 and 17. Between 2007 and 2013, a total of 3251 of 3263 students (99.6%) received a first screening examination. One hundred and thirty-six of 3251 students (4.2%) were positive for *H pylori*; the remaining 3115 were negative (Table 1). A summary of the results is shown in Fig. 1.

Further Examination for Helicobacter pylori Infection

Seventy-four of 136 students who were determined to be *H pylori*–positive visited Shinshu University Hospital. Another 11 consulted other medical institution; the remaining 51 did not accept the invitation to visit a medical institution.

Seventy-two of the 74 students who visited Shinshu University Hospital underwent esophagogastroduodenoscopy (EGD) with sedation using 0.1 mg/kg of midazolam after providing written informed consent; two declined to undergo EGD.

H pylori status was assessed by histology (six sites) and culture (two sites) of biopsy specimens obtained from the antrum and corpus of the stomach. The biopsy samples were stained with hematoxylin and eosin, and immunostained for *H pylori* with rabbit

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