



ORIGINAL ARTICLE

Functional dyspepsia and dyspepsia associated with *Helicobacter pylori* infection: Do they have different clinical characteristics?☆



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Abstract

Background: *Helicobacter pylori* causes motor, secretory, and inflammatory gastrointestinal disorders and therefore the term “functional” has been questioned when referring to dyspepsia associated with this bacterium. Patients with dyspepsia and *Helicobacter pylori* infection could have clinical characteristics that differentiate them *a priori* from those with true functional dyspepsia.

Aims: To determine whether there are clinical differences between patients with functional dyspepsia and *Helicobacter pylori*-associated dyspepsia that enable their *a priori* identification and to know the prevalence of *Helicobacter pylori* infection in patients with functional dyspepsia.

Patients and methods: A total of 578 patients with dyspepsia with no significant lesions detectable through endoscopy were divided into 2 groups according to the presence of *Helicobacter pylori*. The clinical characteristics, medical history, comorbidities, and use of health resources were compared between the two groups. A sub-analysis pairing the groups by age and sex in a 1:1 ratio was carried out to reduce bias.

Results: A total of 336 patients infected with *Helicobacter pylori* were compared with 242 non-infected patients. The prevalence of infection in the patients with dyspeptic symptoms and no endoscopically detectable lesions was 58%. The initial analysis showed that the cases with

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dyspepsia and *Helicobacter pylori* infection were more frequently associated with overweight, obesity, high blood pressure, diabetes mellitus, and metabolic syndrome, but the paired analysis nullified all these differences.

Conclusions: The patients with dyspepsia infected with *Helicobacter pylori* had similar clinical characteristics to the non-infected patients and could not be differentiated *a priori*. The prevalence of *Helicobacter pylori* infection in patients with functional dyspepsia was 58% and increased with age.

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PALABRAS CLAVE

Dispepsia;
Dispepsia funcional;
Helicobacter pylori;
Prevalencia

Dispepsia funcional y dispepsia asociada a infección por *Helicobacter pylori*: ¿son entidades con características clínicas diferentes?

Resumen

Antecedentes: El *Helicobacter pylori* (Hp) causa trastornos motores, secretorios e inflamatorios gastrointestinales por lo que el término «funcional» ha sido puesto en duda cuando se refiere a dispepsia asociada a la bacteria. Los enfermos con dispepsia infectados por Hp podrían tener características clínicas que podrían diferenciarlos *a priori* de los funcionales.

Objetivos: Determinar si existen diferencias clínicas entre los pacientes con dispepsia funcional (DF) y dispepsia asociada a Hp que permitan identificarlos *a priori* y conocer la prevalencia de infección por Hp en pacientes con DF.

Pacientes y métodos: Quinientos setenta y ocho pacientes con dispepsia sin lesiones significativas detectables por endoscopia fueron divididos en 2 grupos de acuerdo con la presencia de Hp. Se compararon las características clínicas, los antecedentes médicos, las comorbilidades y el uso de recursos de salud entre ambos grupos. Se realizó un subanálisis pareando los grupos por edad y sexo en proporción 1:1 para reducir el efecto de sesgos.

Resultados: Se comparó a 336 infectados por Hp y 242 no infectados. La prevalencia de la infección en pacientes con síntomas dispépticos sin lesiones detectables por endoscopia fue del 58%. El análisis inicial mostró que los casos con dispepsia infectados por Hp se asociaron con mayor frecuencia a sobrepeso, obesidad, hipertensión arterial, diabetes mellitus y síndrome metabólico, pero el análisis pareado anuló todas estas diferencias.

Conclusiones: Los pacientes con dispepsia infectados por Hp muestran características clínicas similares a los no infectados y no pueden ser diferenciados *a priori*. La prevalencia de infección por Hp en pacientes con DF es del 58% y se incrementa con la edad.

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Introduction

Dyspepsia is one of the most common digestive syndromes in the general population and is defined as the presence of discomfort or chronic and recurrent pain in the upper abdomen.¹ It has been described as a negative sensation that can incorporate a wide variety of symptoms including bloating, early satiety, fullness, burping, nausea, or continuous or intermittent vomiting.² This set of symptoms can be the manifestation of different organic, systemic, or metabolic diseases (*organic dyspepsia*) or it may have no evident cause (*functional dyspepsia* [FD]). Thus, dyspepsia encompasses a heterogeneous group of diseases whose clinical manifestations are common, but are caused by different pathophysiologic mechanisms.³

Helicobacter pylori (Hp) is the most frequent cause of chronic bacterial infection in humans.⁴ Its prevalence varies

from 20 to 90%, depending on conditions of development and hygiene.⁵ Its prevalence is very high in Mexico and in other Latin American countries with similar sociodemographic characteristics.⁶ The reported prevalence of Hp infection in patients with FD varies from 30 to 70%.⁷

It is known that Hp can cause dyspeptic symptoms, inducing motor disorders, causing visceral hypersensitivity, acid secretion alterations, active and persistent inflammation, and post-infectious changes in the gastroduodenal mucosa.^{8,9} By definition, functional gastrointestinal disorders are characterized by the absence of organic, metabolic, or systemic diseases that explain their symptoms. One notable exception to this rule is Hp infection that is included in FD according to the Rome III criteria.¹⁰ Given that the bacterium can directly or indirectly cause motor, secretory, and inflammatory disorders, the term “functional” has been questioned in regard to dyspepsia associated with Hp

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