

## Role of Histopathology in Diagnosis and Follow Up of Helicobacter Pylori Associated Gastritis

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Sir,

With reference to different diagnostic modalities of Helicobacter Pylori associated gastritis, we would like to share our experience mainly with histopathology. H.Pylori has been the focus of basic biochemical and clinical debate since its introduction in 1983 to medical community by Warren and Marshall [1]. H. Pylori plays a key role in the etiology of chronic gastritis, duodenal ulcer, gastric carcinoma and MALT lymphoma [1].

In our study, we found that the prevalence of H.Pylori was high in third to fourth decades with male preponderance. Prevalence of H.Pylori in our study was 46.5% in patients undergoing videogastrosopic biopsies for gastritis and vague upper gastrointestinal symptoms [2]. H. Pylori was detected in 144/310 (46.5 %) specimens of gastritis with H & E stain and Giemsa stain. The 166/310 (53.5%) cases were negative by histopathological method. The overall prevalence of gastritis by H. Pylori in North Maharashtra using antral biopsies was consistent with recent studies in India and Bangladesh [3,4]. Histopathological evaluation is the gold standard for diagnosing H.Pylori infection.

Secondly, there is paucity of literature regarding the morphological changes in H. Pylori associated gastritis. We tried to find out the morphological changes by histology and we noted as atrophy and irregular gastric mucosa, lymphoid aggregates and reactive atypia was specific for H. Pylori [2]. Histopathological sampling does allow for the definitive diagnosis of infection, as well as degree of inflammation or metaplasia, presence and absence of MALT lymphoma and other gastric cancers in high risk patients [5].

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With reference to different modalities of diagnosis of H. Pylori as urease breath test, rapid urease test, bacterial culture, serological test, PCR and molecular techniques but these techniques are plagued by lack of specificity and sensitivity or are limited in use due to their exorbitant cost and inaccessibility [6].

### *In the Subsequent Continuation of the Study*

Over a period of three years on 540 cases of gastric biopsies received for histopathology of H. Pylori, we had done the follow up of the known cases H. Pylori gastritis on 58 cases. None of the patient had documentation of symptoms of gastritis after triple antibiotic therapy treatment, with any evidence of development of further complicated gastritis, gastric carcinoma or MALT lymphoma.

Hence, the diagnosis of H. Pylori is almost equally important for clinicians as well as pathologists with proper follow up to prevent morbidity and mortality associated with the H. Pylori infection.

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