



HELICOBACTER PYLORI ANTIGEN

The genus Helicobacter are gram-negative, non-spore forming rods. The prevalence of Helicobacter pylori (H. pylori) varies from 20% in young adults in developed countries to sometimes more than 90% in developing countries. Estimated that around 50% of the world's population may be infected with H. pylori.

H. pylori causes chronic gastritis and predisposes to gastric and duodenal ulcers. Increased risk of gastric carcinoma is associated with infection. It is estimated that over 90% of patients with duodenal ulcers are infected with H. pylori. H. pylori stool antigen testing reveals H. pylori antigens shed directly into the stool.

Those infected with H. pylori may develop acute gastritis with symptoms of abdominal pain, nausea and vomiting, usually within two weeks of infection. Many patients have recurrent abdominal symptoms without ulcer disease.

Infection reservoirs are found in the intestinal tract of mammals and birds. Mode of transmission is usually via the faecal-oral or oral-to-oral route.

Treatment usually require multi-drug regimens along with antacid medications. The most successful treatment includes a combination of metronidazole, omeprazole and clarithromycin. This therapy appears to be more cost-effectiven compared with anti-secretory therapy.

SYMPTOMS AND CONDITIONS ASSOCIATED WITH HELICOBACTER PYLORI

- Gastric or Duodenal ulcer
- Abdominal pain
- Excessive burping
- Feeling bloated
- Lack of appetite
- Gastritis

Health risks associated with H. pylori infection

- H. pylori is the major cause of peptic ulcer disease.
- Can lead to gastric adenocarcinoma.
- Gastric cancer is the second most frequent cause of cancer-related death. H. pylori has been classified as a Type I (definite) carcinogen since 1994.
- Mucosa-associated lymphoid tissue (MALT) lymphoma.

The relationship between H. pylori infection and non-ulcer dyspepsia and gastroesophageal reflux disease (GERD) is controversial. Due to the potential of long-term risk of ulcer disease and possibly gastric cancer, it is widely recommended that H. pylori is tested, treated or ruled out. Although H. pylori is associated with gastric ulcers as well as duodenal ulcer disease, infection should not always be assumed in these patients. Testing should be done to avoid unnecessary therapy.

Nonsteroidal anti-inflammatory drug (NSAID) use and H. pylori infection are independent risk factors for peptic ulcer disease; when both factors are present, risk increases synergistically.

Patients with GERD symptoms should be tested for H. pylori infection. Testing may help patients avoid health risks associated with long-term proton pump inhibitor therapies, which can aggravate H. pylori-mediated gastritis and thus increase the risk of gastric cancer.

HELICOBACTER PYLORI ANTIGEN (stool) [Test code: 2010]

- ❖ Helicobacter pylori antigen

Other Helicobacter pylori tests available

- **CDSA Level 3+ [2006]:** Macroscopic & Microscopic Description; Digestive, Absorption & Metabolic markers; Inflammation markers; Tumour/Ulcer markers; Beneficial & other Bacteria; Yeasts; Parasites (visual detection) & Sensitivities
- **CDSA Level 4+ [2008]:** Macroscopic & Microscopic Description; Digestive, Absorption & Metabolic markers; Inflammation markers; Tumour/Ulcer markers; Beneficial & other Bacteria; Yeasts; Parasites (visual & chemical EIA detection) & Sensitivities

How to order a test kit:

To order a test kit simply request the test name or test code on a NutriPATH request form test code and have the patient phone NutriPATH Customer Service on 1300 688 522.



Phone 1300 688 522 for further details
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