

CLO test positivity in patients with acid-peptic disorders in Jaffna

Since the discovery of *Helicobacter pylori* in 1982 the understanding of the pathogenesis of peptic ulcer disease underwent a dramatic transformation. The causative role of *H. pylori* in peptic ulcer disease has been well established since the observation was first made that eradication of the bacteria results in a "permanent cure" of peptic ulcer (1). It is therefore important to know if patients with acid peptic disorders have *H. pylori* infection.

A study was carried out to assess the prevalence of *H. pylori* infection in patients with acid peptic disorders in Jaffna. A 100 patients in the Teaching Hospital, Jaffna were investigated. They were selected on the basis of a clinical or endoscopic diagnosis of acid peptic disorder. Those having taken antibiotics within three weeks before endoscopy or non-steroidal anti-inflammatory drugs were excluded. At the time of endoscopy an antral mucosal biopsy was taken and tested for the presence of *H.pylori* using the rapid urease (CLO) test.

There were 38 men. The number of CLO positive patients related to endoscopy findings is given in the table. Overall, only 36% were found to be positive. Even in the group with the highest incidence of infection (gastritis) the positive rate was 30%. Of those with disease of the duodenum (ulcer, duodenitis) only 33% were positive. There was no significant difference in prevalence between the sexes.

These results are at variance with what is expected in a developing country. The incidence of *H.pylori* infection in the general population in developing countries is over 80% (2). However, a study in Sri Lanka also found lower infection rates, though still higher than in this one (3). Though the CLO test has a high sensitivity and specificity (4) it is felt that corroborative tests such as histology and cytology should be done to increase sensitivity and speci-

ficity (5). This could be one explanation why our infection rate was found to be low. Further studies should be carried out to corroborate these results.

Table. Summary of endoscopic findings and CLO-positivity

	<i>Number of patients</i>	<i>CLO positive (%)</i>
Non-ulcer dyspepsia	31	9(29%)
Gastritis	24	12(50%)
Duodenitis	18	6(33%)
Gastritis and duodenitis	22	7(32%)
Duodenal ulcer	5	2(40%)
Total	100	36(36%)

References

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