Case 2 Upper GI Symptoms

- 50 year old male
- Columbian
- BMI 25
- No weight loss
- Reflux symptoms despite Omeprazole and Pantoprazole > 6 weeks
- Normal Bowel Habit
- Hp faecal antigen test negative
- No symptoms to suggest GI bleeding

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Case 2 Upper GI Symptoms – Work up

Bloods

- Bloods
  - FBC
  - UEC
  - Ferritin
  - CRP
  - Coeliac antibodies
  - LFTs
  - Hp serology?

Other

- Faecal Testing
  - Hp faecal antigen test
- Imaging
  - USS
  - ?MRCP

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Case 2 Upper GI Symptoms - Differential

Benign

- Functional Dyspepsia
- Gastro-Oesophageal reflux Disease
- Helicobacter pylori gastritis
- Coeliac disease
- Pancreatic pathology
- Biliary pathology
- Colonic – Irritable Bowel

Malignant

- Gastric Cancer
- Pancreatic Cancer
- Cholangiocarcinoma
- Gallbladder Cancer
- Bowel Cancer
- Small Bowel Tumour

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Case 2 Upper GI Symptoms

- DHB Referral Criteria NZ
- *P1 <2 weeks*
  - Weight loss
  - Dysphagia
  - Active Bleeding
  - Cancer on Imaging

- P2 < 6 weeks (52 weeks at CMDHB)
  - Dyspepsia not responsive to PPI
  - Iron deficiency anaemia
  - Coeliac Disease

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Case 3- Upper GI Symptoms

Gastroscopy

- Biopsies – Histology (antrum,body, D2, Hp cultures, CLO test)
- Disaccharidases

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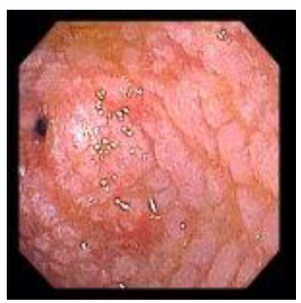
Endoscopic Findings

Gastroscopy

- Pangastritis
- Nodular antrum and body



- What is the diagnosis?

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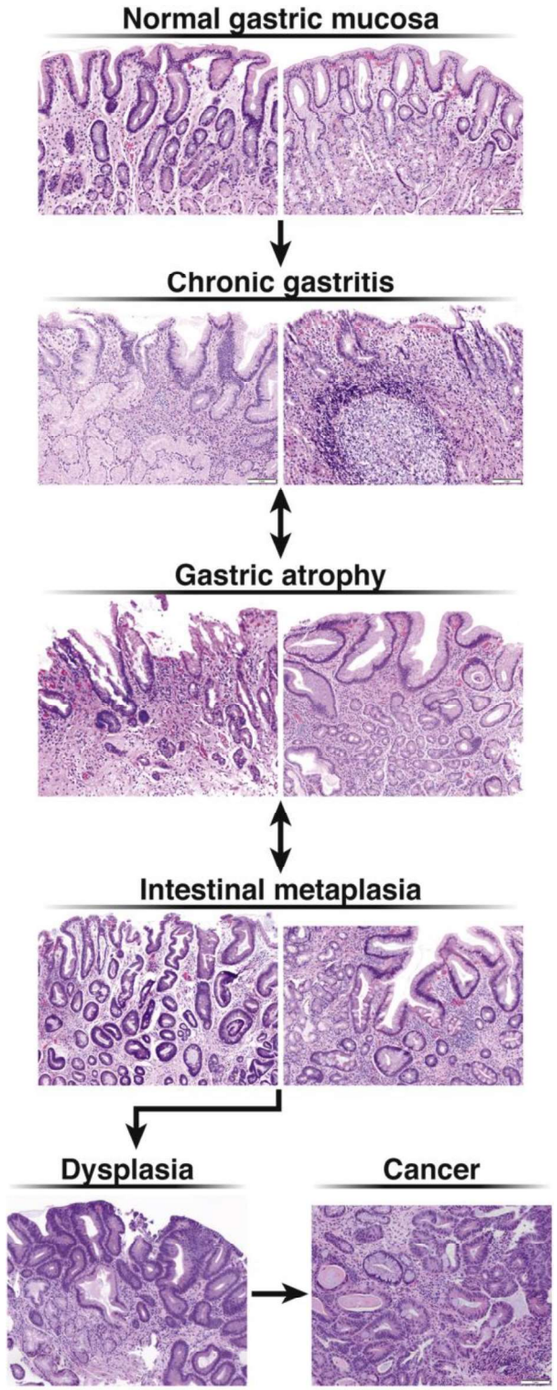
Histological Findings

Gastroscopy

- Pangastritis

- Biopsies
  - Intestinal Metaplasia with Helicobacter pylori



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Endoscopic Surveillance

Gastroscopy

- Helicobacter pylori plus diffuse Intestinal Metaplasia – 12-18 months – localized 3 years

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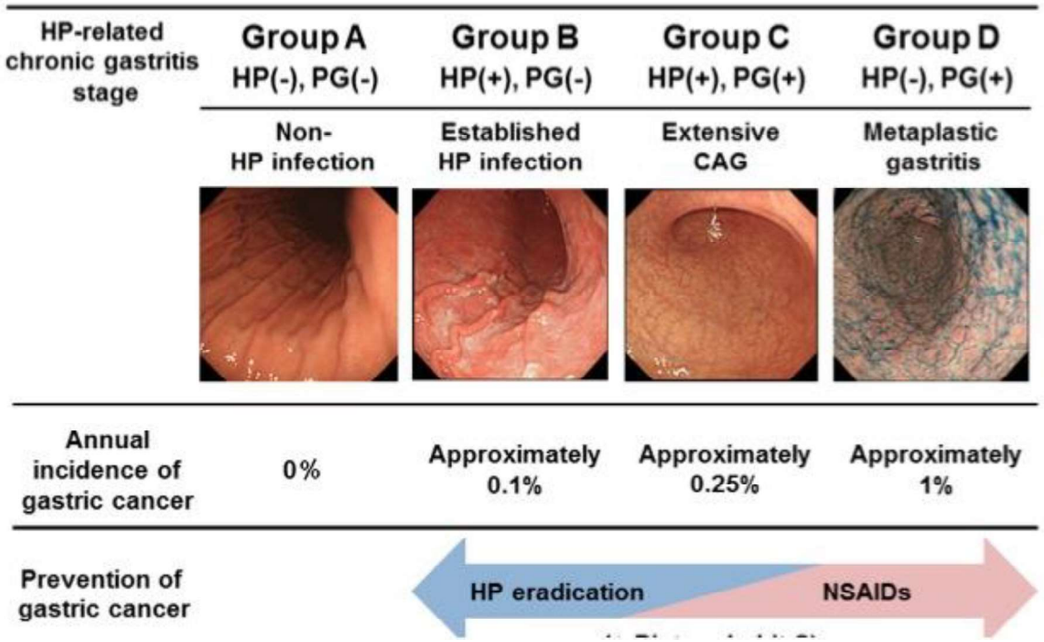
Helicobacter pylori

- Common in Asia (50-80%)
- < 10% Pakeha
- 30-50% South East Asia
- Indications for Treatment
  - Cancer Prevention
    - High risk individual (smokers, Family history, atrophic gastritis, intestinal metaplasia)
  - Symptoms
    - Dyspepsia
  - Peptic Ulcer Disease
  - MALT lymphoma
- Triple Therapy (OAC, OMC)
- Second line – Denol (Bismuth subcitrate 120mg QID or 240mg BD), Tetracycline 250mg QID or 500mg BD, PPI 400mg BD, Metronidazle 500mg BD or TDS 14 days



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Risk of Gastric Cancer

- NZ: 2015 - 383 cases (235M, 148 F) Incidence Rate = 5.3/100000 • 70% from developing countries, 50% from Eastern Asia
- **Increased Risk** • Chronic Atrophic Gastritis • Intestinal Metaplasia • Gastric Adenoma • FHx of Gastric Cancer • Li Fraumeni syndrome • Blood type A • Low fruit and vegetable consumption • Salted, smoked or poorly preserved foods • Cigarette smoking (60% higher risk in male smokers, 20% female smokers) • Radiation exposure • Helicobacter pylori – antrum and body adenocarcinoma and lymphoma
- **Reduced Risk** - Smoking cessation RR 1.2 vs 1.6 • Hp eradication RR 0.65 (1.7%->1.1%), incidence reduced by 39% (not mortality)

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Hp – would you treat?

- Which regimen would you use?
    - A- OAC7
    - B - OAC14
    - C- OMC7
    - D- OMC14
    - E - Quadruple Therapy

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Helicobacter pylori treatment NZ

- 1st line
  - OAC or OAM 14

- 2nd line
  - Quadruple therapy
    - Omeprazole 20 BD 14 days
    - Amoxycillin 1g BD 14 days
    - Tetracyline 250mg QID (or 500mg BD) 14 days
    - Bismuth subcitrate 240mg BD 14 days

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Hp persistence

- Review indication
  - Functional Dyspepsia
  - Features of gastric atrophy or GIM
  - Family History of gastric cancer
  - Personal history of peptic ulcer disease
  - Personal history of Gastric MALToma

- Rescue Therapies
- Reverse Hybrid therapy
- Hybrid therapy
- Principle Omeprazole and Amoxycillin for 2 weeks before other antibioitcs is highly effective at suppressing Hp
- Role of Hp culture?

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Hp – sexual transmission?

- For this patient, it turns out that his husband had Hp.
- His husband was seen by myself for dyspepsia and successful Hp eradication with standard OAC14
- His husband is again positive
- Could this be sexually transmitted?
  - Reported Oral anal with homosexuals
  - Co-inhabiting partners prevelance rates between partners 83.3%
  - Vaginal flora with yeast may be protective for Hp enabling transmission through oral sex – Hp is hard to isolated on vaginal swabs

Routes of transmission

- Oro-anal (rimming)
- Oro-genital – fellatio and cunninglus
- Oro-oral
- Masturbation (saliva as a lubricant)
- Sex toys

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Hp cultures

- Sensitive to Amoxycillin, Metrondazole, Clarithromycin and Tetracycline
- Resistant to Moxifloxacin

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