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DOES REGRESSION OF FUNDIC GLAND POLYPS DEPEND ON STOPPING OMEPRAZOLE USE?

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An increased incidence of fundic gland polyps in patients on long term omeprazole therapy has been noted. Although the natural history of these polyps has not been well delineated, the possibility that they might regress after cessation of proton pump inhibitor use has been proposed. We performed a retrospective chart review of 19 patients with fundic gland polyps to determine if these polyps regressed after discontinuation of omeprazole. Methods: All gastroscopy reports from 1993-1999 were reviewed, and 41 patients were found to have gastric polyps. 19 patients (46%) had fundic gland polyps. All were on maintenance omeprazole therapy for GERD. Of the 19 patients, 9 had a follow up gastroscopy. The remaining 10 patients will be regastroscoped in the next three months. Results: 7 of the 9 patients were female (77.8%), none had a family history of adenomatosis polyposis coli. The average age when polyps were noted was 57±14 years. The mean duration of proton pump inhibitor use was 55±18 months. 3 out of 9 patients had stopped using omeprazole or other PPIs, but only 1 patient in this group was found to exhibit regression in the number of fundic gland polyps at a follow up of 18±6 months. There was however regression of polyps observed in 4 out 6 patients who continued on omeprazole therapy after a follow up of 18±8 months. Conclusion: The regression of fundic gland polyps does occur, however it appears to be independent of omeprazole usage.

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RELATION BETWEEN *CAG*A AND PEPTIC ULCER DISEASE IN *HELICOBACTER PYLORI* INFECTED PATIENTS: A COMPARISON OF THE CONSENSUS SEQUENCE AND 3'VARIABLE REGION PRIMERS IN CAUCASIAN PATIENTS.

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Background and Aims: Although most studies show an association between *cag*A positive strains and peptic ulcer, this relationship remains controversial. The aim of this study is to compare the positivity of *cag*A in patients with gastroduodenal disease using two different primers. Methods: 103 Caucasian patients [46 with gastritis/duodenitis (G/D), 31 with gastric ulcer (GU), 26 with duodenal ulcer (DU)] underwent endoscopy with biopsy. The gastric specimens were evaluated by PCR with two different primers, one for a constant; i.e., nonvariable region and the other for a variable region. Results: 23 of 42 patients with G/D were *H. pylori* positive (HP+), 28 of 31 patients with GU and 24 of the 26 with DU (p=0.0001). When analyzing the sample with the 3'variable region, *cag*A was positive in 10 of the 23 HP+ patients with G/D, in 16 of the 28 with GU and in 17 of the 24 with DU (p=0.16). When applying the consensus genotype, *cag*A was positive in 12 of the 23 HP+ patients with G/D, in 19 of the 28 with GU and in 21 of the 24 with DU (p=0.03). All patients who were *cag*A positive with the 3'variable region were also *cag*A positive with the consensus primers. The employment of the consensus primer increased 17% (9 of 52) (95% CI: 13.3-20.7) the number of cagA positive patients in this sample. Conclusion: The *cag*A genotype is associated with peptic ulcer in Brazilian Caucasians when evaluated by the primer designed for a constant region. The consensus primer seems to be more appropriate than the 3'variable region primer in the investigation of a Caucasian population.

5903

THE "NUD-*LOOK*" STUDY: AN ITALIAN MULTICENTER *OBSERVATIONAL* STUDY OF NON ULCER DYSPEPSIA: DOES *HELICOBACTER PYLORI* ERADICATION IMPROVE SYMPTOMS?

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Background & Aim: As RCTs of *H.pylori* (Hp) eradication and symptom improvement in non ulcer dyspepsia (NUD)have given conflicting results, a prospective multicenter observational study was designed to evaluate the effect of Hp eradication on symptoms in NUD. Methods: Consecutive outpatients with unexplained dyspepsia referred to endoscopy were studied in 42 Italian Centers by means of a validated questionnaire. Three symptoms (epigastric pain, discomfort, and burning) were graded 0 to 3 according to their severity and intensity. Hp status was determined by serology or rapid urease tests (RUT) or histology or ^{13}C-urea breath test (UBT). Patients without endoscopic lesions were diagnosed as affected by NUD and treated according to the investigators' choice. All patients were re-evaluated with the same questionnaire at 2 and 6 months after endoscopy. Infected patients, who were treated with antibiotics, underwent a UBT for checking for eradication at 2-month follow-up. Results: 860 patients (411 males, age: 46±15 years) were enrolled: 605 (70.3%) were affected by NUD. Of them, 393 (64.9%) tested Hp positive. No difference in frequency or severity of the three symptoms was found between Hp +ve and -ve NUD patients. Of 393 infected patients, 186 (47.4%) were given an eradicating regimen while the remaining 207 (52.6%) were treated empirically, as were the 212 uninfected patients. At 2-months, an eradication rate of 77.3% (on PP analysis) was found in Hp +ve patients treated with antibiotics. At 6 months, the prevalence of the three symptoms was compared among four groups of patients: infected patients who eradicated, patients who were still Hp +ve after therapy, infected patients who were not treated with antibiotics, and uninfected patients: both frequency and severity of symptoms significantly decreased in all groups irrespective of the treatment (or no treatment) they received. Conclusions: about two thirds of patients referred for unexplained dyspepsia are affected by NUD, and about two thirds of them are Hp infected. However, Hp eradication seems not to influence dyspeptic symptoms in the long term.

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USE OF FLAVORED LANSOPRAZOLE OR OMEPRAZOLE SUSPENSIONS IN PEDIATRIC GERD.

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Intro: Children are affected by gastroesophageal reflux disease with atypical manifestations. Many of these atypical symptoms are difficult to control with traditional drugs such as H-2 antagonists, cisapride, or sucralfate. PPI's are more effective in controlling gastric pH and the symptoms of GERD than other agents. PPI's are available in dosage forms that are difficult to administer in young children. Since 1995 we have used a suspension of omeprazole or lansoprazole, flavored with Choco-base, in a series of children with manifestations of GERD. Methods: Retrospective evaluation of children with GERD referred to the Univ of MO from 1995 to 1998 who received treatment with omeprazole or lansoprazole flavored suspension. Data were included on all patients with follow up information sufficient to draw conclusions about pre/post treatment (usually > 6 months). Results: There were 25 patients who met criteria for this evaluation. Age range was several wks to > 5 yrs. Most patients had a history of numerous unsuccessful attempts at ameliorating the effects of GERD. Medication histories indicated many trials of drugs. All cases received lansoprazole or omeprazole flavored suspension as the final treatment regimen prior to evaluation of efficacy. The majority of patients responded favorably to the flavored PPI suspension. The flavored PPI suspension was well tolerated in this series of children. Duration of treatment in some children has exceeded two years with continued tolerability and response. While the flavored suspension contains sodium bicarbonate (10meq per typical dose), no attributable adverse effects were observed in this series of children. Discussion: Recently, data have been published evaluating the effect of reflux therapy on pediatric chronic sinusitis (Bothwell MR, et al. Otolaryngol Head Neck Surg 1999;121:255-62.). Choco-base flavored lansoprazole suspension was used towards the end of that study as it became available. Comments on the use of flavored omeprazole (or lansoprazole) suspension were included in a recent review (Israel DM, et al. J Pediatr Gastroenterol Nutr 1998;27:568-79); however, as of the time of these publications no data on efficacy have been published. In this preliminary evaluation we have found that Choco-base flavored lansoprazole or omeprazole suspension is safe and efficacious in children with GERD. Further studies are warranted. www.surgery.missouri.edu/tops/home.html

5905

EFFECTIVENESS OF 1-WEEK TREATMENT FOR *H. PYLORI* INFECTION IN CLINICAL PRACTICE - RESULTS FROM NE SCOTLAND.

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One-week regimens are now standard treatment for *H.pylori* infection with numerous trials demonstrating cure of infection in >90% of patients. However, these high cure rates may not be reproducible in clinical practice and, furthermore, effectiveness of treatment may be influenced by the prevalence of antibiotic resisitance in the local population. The aim of this study was to determine the effectivenes of 1-week regimens for cure of *H.pylori* infection in clinical practice in our local population in NE Scotland. Methods: A retrospective audit was performed of patients who underwent treatment for *H.pylori* infection at our institution. Patients were identified from the records of all subjects who had a ^{14}C-urea breath test (UBT) between 1/1/96 and 9/7/97. Data were collected from retrieved case records. Results: A total of 625 UBTs were performed; complete data were available on 469 (75%) of these tests. 412 (88%) of the UBTs were performed to check success of treatment. 278 (67%) of these were 1-week treatments. The cure rates are shown in the table (regimens with <20 patients were excluded as the small numbers of patients did not allow for meaningful analysis). Conclusions: The effectiveness of 1-week treatments for *H.pylori* infection is much lower in clinical practice than in published trials. This has major implications for health expenditure if these results reflect clinical practice nationwide. In the local population of NE Scotland,