INDIA ELSEWHERE


Scant data are available from India on the efficacy of clarithromycin-based regimens for eradication of H. pylori. The authors prospectively studied the safety and efficacy of such regimens for eradicating H. pylori.

Sixty-four consecutive patients (43 men) with upper gastrointestinal symptoms and H. pylori infection were studied. Patients on H2 receptor antagonists, proton-pump inhibitors, metronidazole, antibiotics or nonsteroidal anti-inflammatory drugs within the last 4 weeks were excluded. H. pylori infection was diagnosed at histology and rapid urease test (RUT) of antral biopsies. Patients received either omeprazole 40 mg/day (O) + clarithromycin 250 mg twice daily (C) (group I; n=22); O + C + amoxicillin 500 mg thrice daily (A) (group II; n=20); or bismuth subsalicylate 120 mg four times daily + A + metronidazole 400 mg thrice daily (group III; n=22) for 2 weeks. Eradication of H. pylori was defined as absence of organism on histology of antrum and body and negative RUT after month.

There was no difference in eradication rates between the three treatment groups (group I - 68%, group II - 70%, group III - 59%) or according to endoscopy findings (gastritis, duodenitis, ulcer or normal findings).

The authors conclude that amoxicillin did not improve the efficacy of O+C therapy. All three regimens had low eradication rates; this could be due to antibiotic resistance and low dose of clarithromycin and amoxicillin used.


There are scant data on the origin and fate of antral varices (AV). The authors prospectively studied the incidence, natural history and risk of bleeding from AV in patients undergoing endoscopic sclerotherapy (EST) for esophageal varices.

Three hundred and seventy-one patients (cirrhosis 170, non-cirrhotic portal fibrosis 53, extra hepatic portal venous obstruction 148) undergoing EST using 3% aqueous phenol were studied. AV were defined as large linear or polypoid veins in the gastric antrum, indetectable by a sheathed needle, and visualized by two endoscopists or at two consecutive endoscopy sittings.

No patient had AV on index endoscopy; 13 (3.5%) patients developed AV at mean 15 months (SD 15.7, range 2-48) after presentation. Of these, five developed AV prior to obliteration of esophageal varices. No antral varix developed prior to completion of four sclerotherapy sessions. The mean number of sessions required to obliterate esophageal varices was higher in those developing AV (11.1 vs 5.98; p<0.0001). There was no difference in incidence of AV according to etiology of portal hypertension. Portal hypertensive gastropathy was present in five (38%) patients with AV. AV disappeared spontaneously in 7 patients, and recurred in only one. One patient with AV and co-existing esophageal varices and gastropathy bled. None of seven patients with persistent AV bled over mean 30 (23.2) months.

The authors conclude that only a small proportion of patients undergoing EST develop AV. Since AV rarely bleed, no active therapy is required.


Differentiating granulomatous ileocolitis into tuberculosis (TB) or Crohn's disease (CD) is occasionally difficult, even at histology. This study evaluated the histologic parameters useful in distinguishing TB and CD in endoscopic biopsies.

Clinical, endoscopic, radiologic and histologic parameters of patients with clinically diagnosed ileocolitis due to TB (n=20; average age at onset 34 y, symptom duration 16.4 [21] mo) or CD (n=20; age at onset 33.3 y, symptom duration 31.7 [21] mo) were retrospectively evaluated. At endoscopy, in both TB and CD, 60%-70% of patients had ileocecal involvement and about 50% had transverse or distal colon involvement. Involvement of the ileocecal valve, deformity of the cecum and stricture were more common in TB patients, while fistulae were more in patients with CD.

At histology, granulomas were present in all 20 TB patients and 11 patients with CD. TB granulomas were large (mean widest diameter 193 [81] mm), while in CD they were small (95 [99] mm). The average number of granulomas per section (5.35 vs 0.75), caseation (40% vs none), confluent granulomas (60% vs none), percentage of granulomas located in the submucosa (45% vs 5%) and in the granulation tissue lining ulcers (50% vs 15%) were more common in patients with TB; the percentage of granulomas located in the mucosa was similar. Microgranulomas (diameter 116 [154.5] mm), located predominantly in the mucosa, were found in 40% of patients with CD and in only one with TB. The prevalence of aphthoid ulcers (5%) and discontinuous areas of chronic inflammation (50%) was similar. Deep ulcers (80% vs 50%), ulcers lined by a band of epithelioid histiocytes (45% vs 5%) and disproportionate submucosal chronic inflammation (65% vs 5%) were more frequent in TB patients.

The authors thus identified differentiating features between TB and CD at endoscopy and histology.

Compiled by Sundeepeh Shah
Department of Gastroenterology, BYL Nair Hospital, Mumbai