Helicobacter pylori y Enfermedad por Reflujo Gastroesofágico

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ERGE

Bueno ?

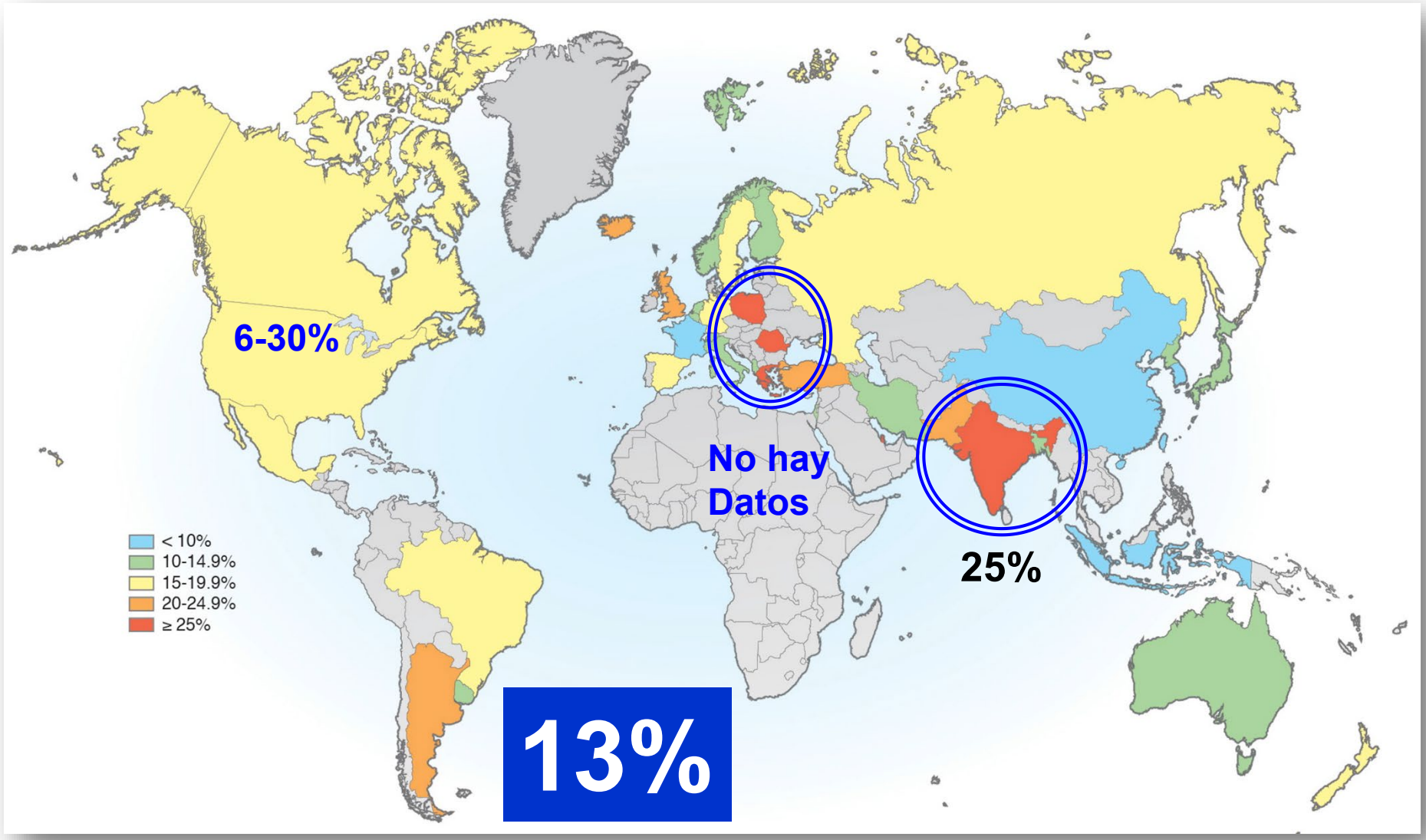
Helicobacter pylori

Malo ?

H. pylori-ERGE

H.pylori y esófago de Barrett
H.pylori y adeno-Ca de esófago
H.pylori y ERGE
Erradicación de H.pylori y ERGE.
IBP y gastritis atrófica en ERGE

ERGE



Eusebi LH, et al. Gut 2017;0:1–11. doi:10.1136/gutjnl-2016-313589

Prevalencia de síntomas del reflujo gastroesofágico y factores asociados: una encuesta poblacional en las principales ciudades de Colombia

Prevalence of Gastro-Esophageal Reflux Symptoms and Associated Factors: A Population Survey in the Principal Cities Of Colombia

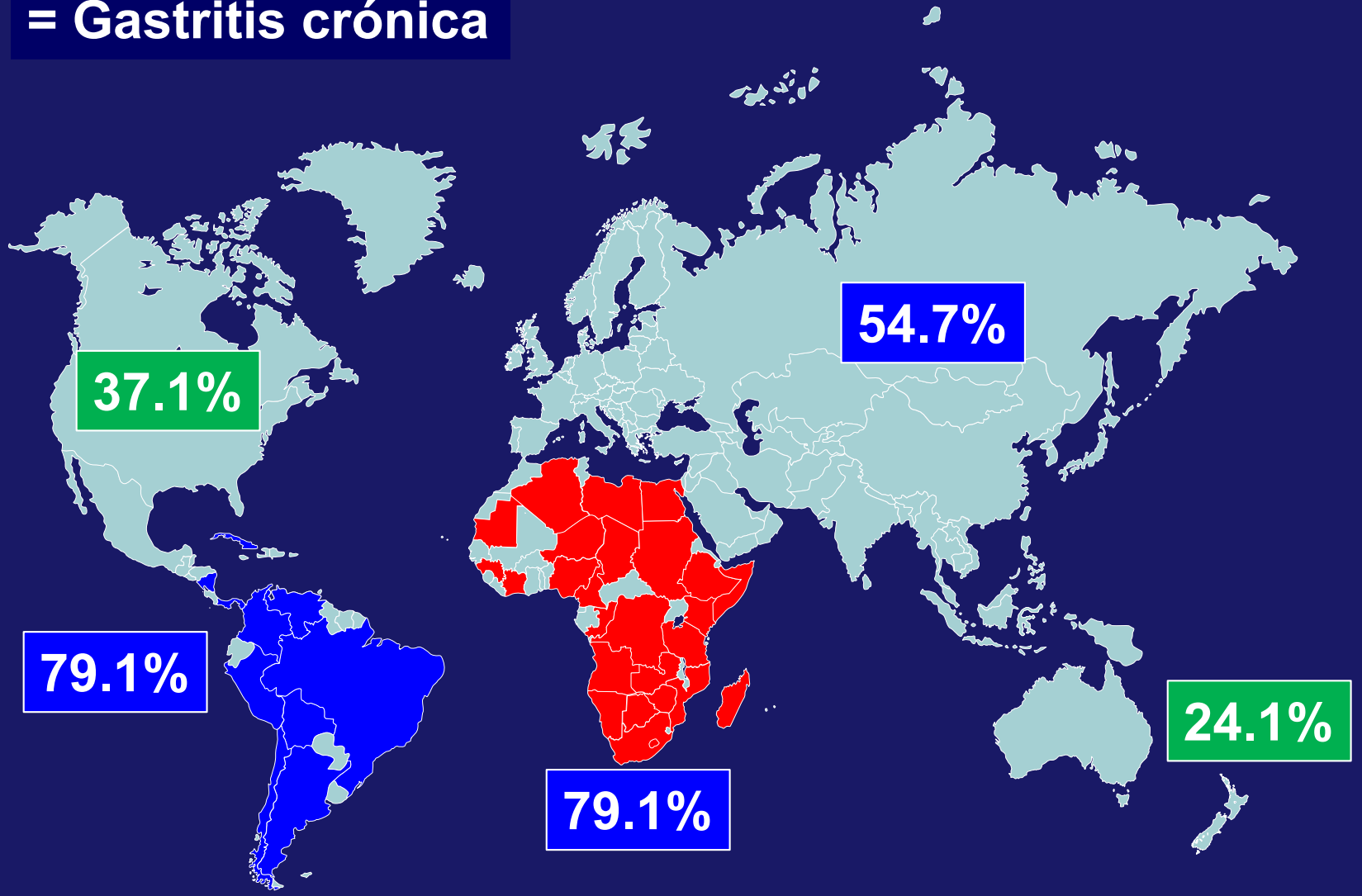
David B. Páramo-Hernández, MD,[1] Rosario Albis, MD, MSc,[1] María T. Galiano, MD,[1] Belén de Molano, MD,[1] Reynaldo Rincón, MD,[1] Luis F. Pineda-Ovalle, MD,[1] Alberto Rodríguez, MD,[1] William Otero Regino, MD,[1] Albis Hani, MD,[1] Luis Carlos Sabbagh, MD,[1] Carolina Sandoval-Salinas, MSc,[1] Ricardo Sánchez-Pedraza, MD, MSc,[1]

11,98% (IC 95% 11,05-12,97)

Gastritis crónica

60% del mundo, 4.400 millones, *H.pylori* +

= Gastritis crónica



Hooi JKY, Gastroenterology 2017, DOI: .doi.org/10.1053/j.gastro.2017.04.022

H.pylori y esófago de Barrett

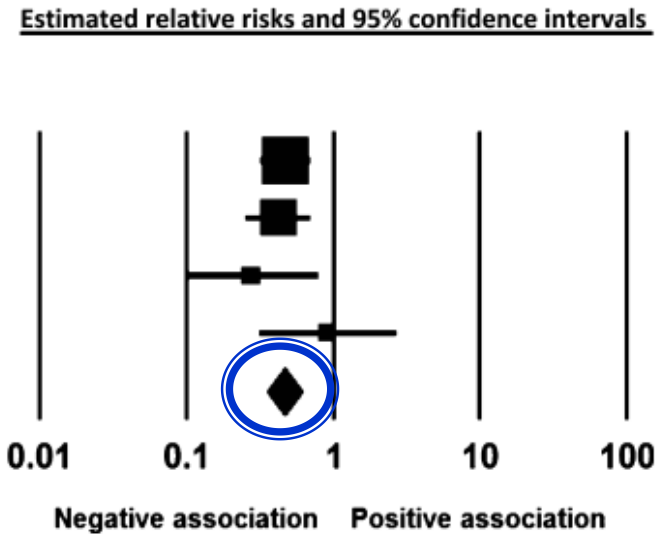
Helicobacter

Helicobacter ISSN 1523-5378
doi: 10.1111/j.1523-5378.2011.00931.x

The Association Between Barrett's Esophagus and *Helicobacter pylori* Infection: A Meta-Analysis

Lori A. Fischbach,[*] Helena Nordenstedt,[†,‡] Jennifer R. Kramer,[‡,§] Subi Gandhi,[*] Sam Dick-Onuoha,[*] Anthony Lewis[*] and Hashem B. El-Serag[†,‡,§]

Study name	Statistics for each study				
	Relative Risk	Lower limit	Upper limit	*Z*-Value	*p*-Value
Anderson (2008)	0.470	0.322	0.685	–3.926	.000
Corley (2008)	0.420	0.256	0.689	–3.434	.001
Rex (2003)	0.275	0.097	0.777	–2.437	.015
Ronkainen (2005)	0.910	0.312	2.651	–0.173	.863
	0.456	0.346	0.603	–5.525	.000



Estudios sin sesgos importantes

Helicobacter 2012;17:163-75

Helicobacter

Helicobacter ISSN 1523-5378
doi: 10.1111/j.1523-5378.2011.00931.x

The Association Between Barrett's Esophagus and *Helicobacter pylori* Infection: A Meta-Analysis

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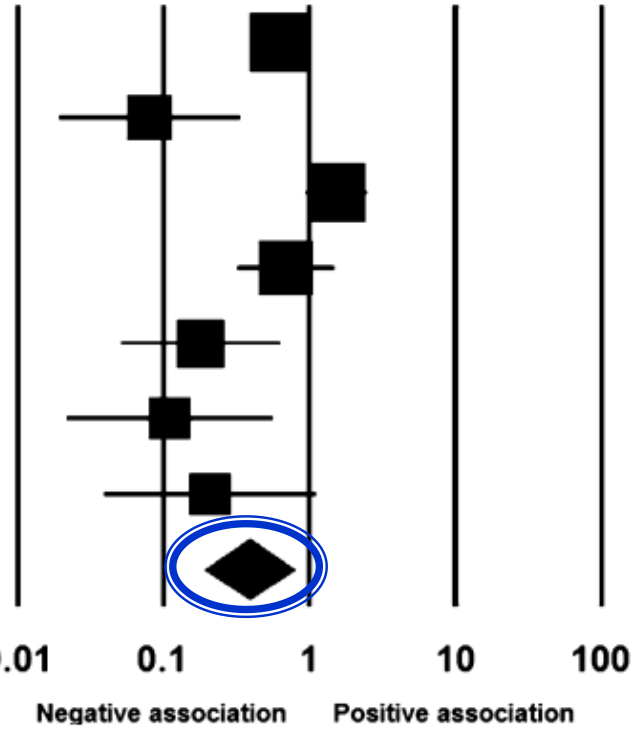
Study name	Relative Risk	Lower limit	Upper limit	*Z*-Value	*p*-Value
Anderson (2008)	0.620	0.431	0.892	–2.576	.010
Corley (2008)	0.080	0.019	0.335	–3.459	.001
Ferrández (2006)	1.510	0.928	2.456	1.661	.097
Rajendra (2007)	0.690	0.320	1.489	–0.946	.344
Rugge (2001)	0.180	0.051	0.634	–2.670	.008
Vaezi (2000)	0.110	0.022	0.561	–2.656	.008
Vicari (1998)	0.210	0.040	1.116	–1.831	.067
	0.384	0.189	0.781	–2.646	.008

Statistics for each study

Estimated relative risks and 95% confidence intervals



Cag A

Helicobacter 2012;17:163-75

Helicobacter

Helicobacter ISSN 1523-5378
doi: 10.1111/j.1523-5378.2011.00931.x

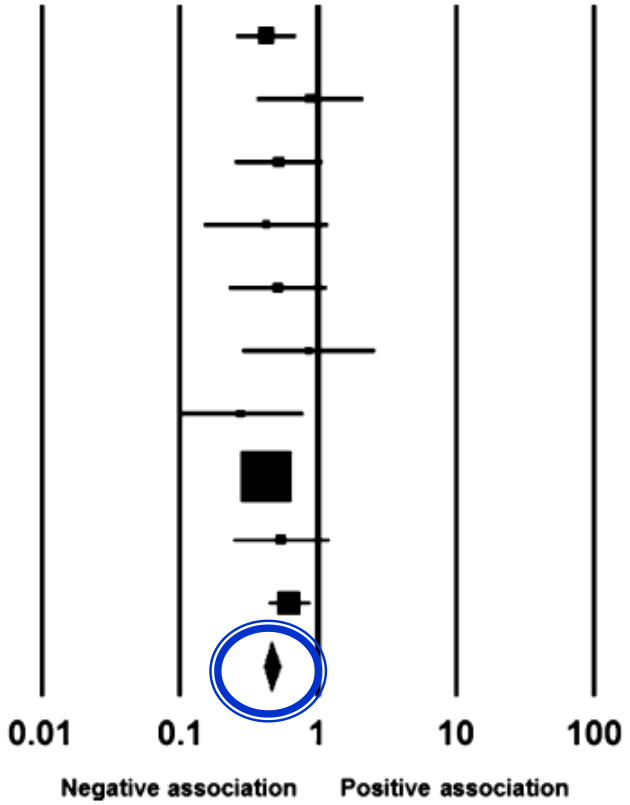
The Association Between Barrett's Esophagus and *Helicobacter pylori* Infection: A Meta-Analysis

Lori A. Fischbach,[*] Helena Nordenstedt,[†,‡] Jennifer R. Kramer,[‡,§] Subi Gandhi,[*] Sam Dick-Onuoha,[*] Anthony Lewis[*] and Hashem B. El-Serag[†,‡,§]

Study name	Relative Risk	Lower limit	Upper limit	*Z*-Value	*p*-Value
Corley (2008)	0.420	0.256	0.689	–3.434	.001
El-Serag (1999)	0.874	0.361	2.117	–0.298	.765
Goldblum (2002)	0.520	0.249	1.086	–1.741	.082
Hirota (1999)	0.420	0.150	1.178	–1.649	.099
Lam (2008)	0.510	0.227	1.145	–1.631	.103
Paull (1988)	0.850	0.280	2.580	–0.287	.774
Rex (2003)	0.275	0.097	0.777	–2.437	.015
Sonnenberg (2010)	0.420	0.355	0.497	–10.106	.000
Vicari (1998)	0.540	0.240	1.212	–1.493	.135
Weston (2000)	0.620	0.431	0.892	–2.576	.010
	0.460	0.403	0.526	–11.357	.000

Statistics for each study

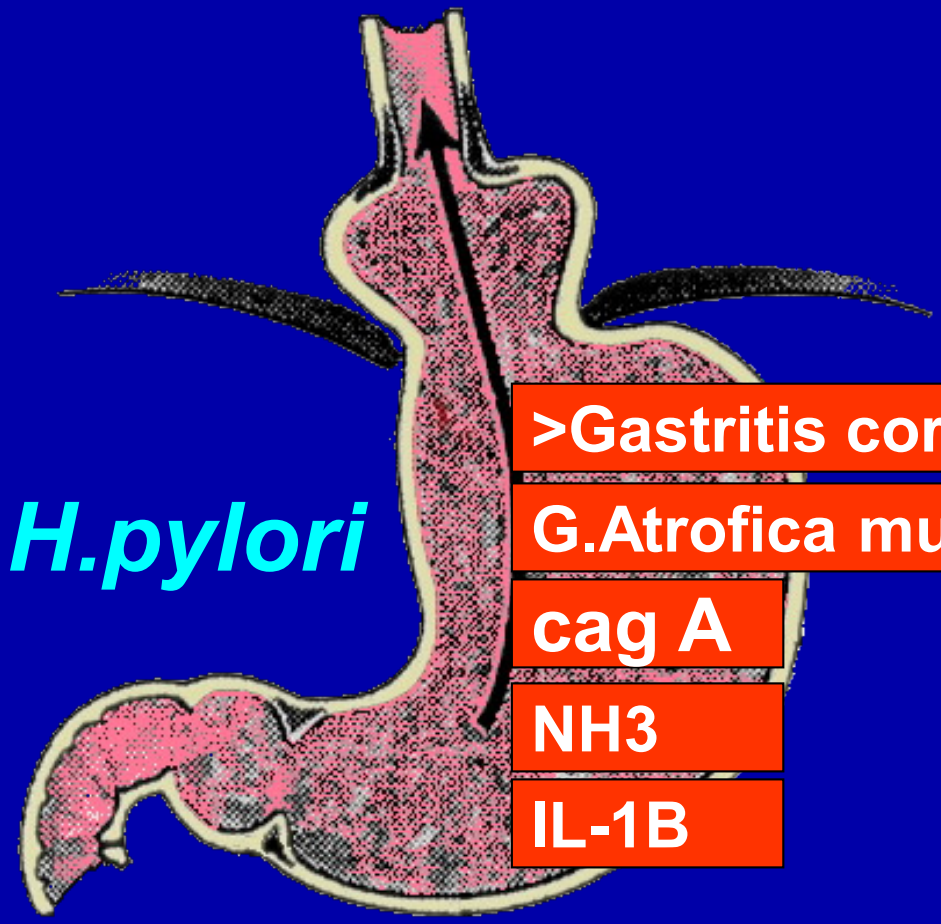
Estimated relative risks and 95% confidence intervals



USA

Helicobacter 2012;17:163-75

H. Pylori y ERGE



H.pylori

>Gastritis corporal

G.Atrofica multifocal

cag A

NH3

IL-1B

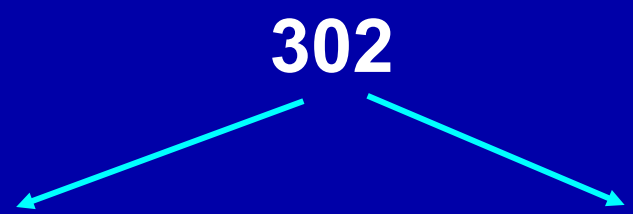
ERGE ← Individuos En riesgo

→ HCl

Erradicación *H. pylori* → ⬆HCl

Falk GW. Sem Gastrintest Dis 2001;12:16-25

Gastritis corporal protege contra ERGE



	154 Esofagitis	148 Controles
H. pylor i	~	~
G. Corporal	Menos severa	Severa

↓ *54% riesgo ERGE*

El-Serag HB, Sonnerberg A, Gut 1999; 45:181

Gastritis por *H.pylori* protege contra ERGE

	Casos	*Controles*	
H.pylori	(+)	(-)	
Sintomas	19%	39%	p=0.0006

Inflamación gástrica

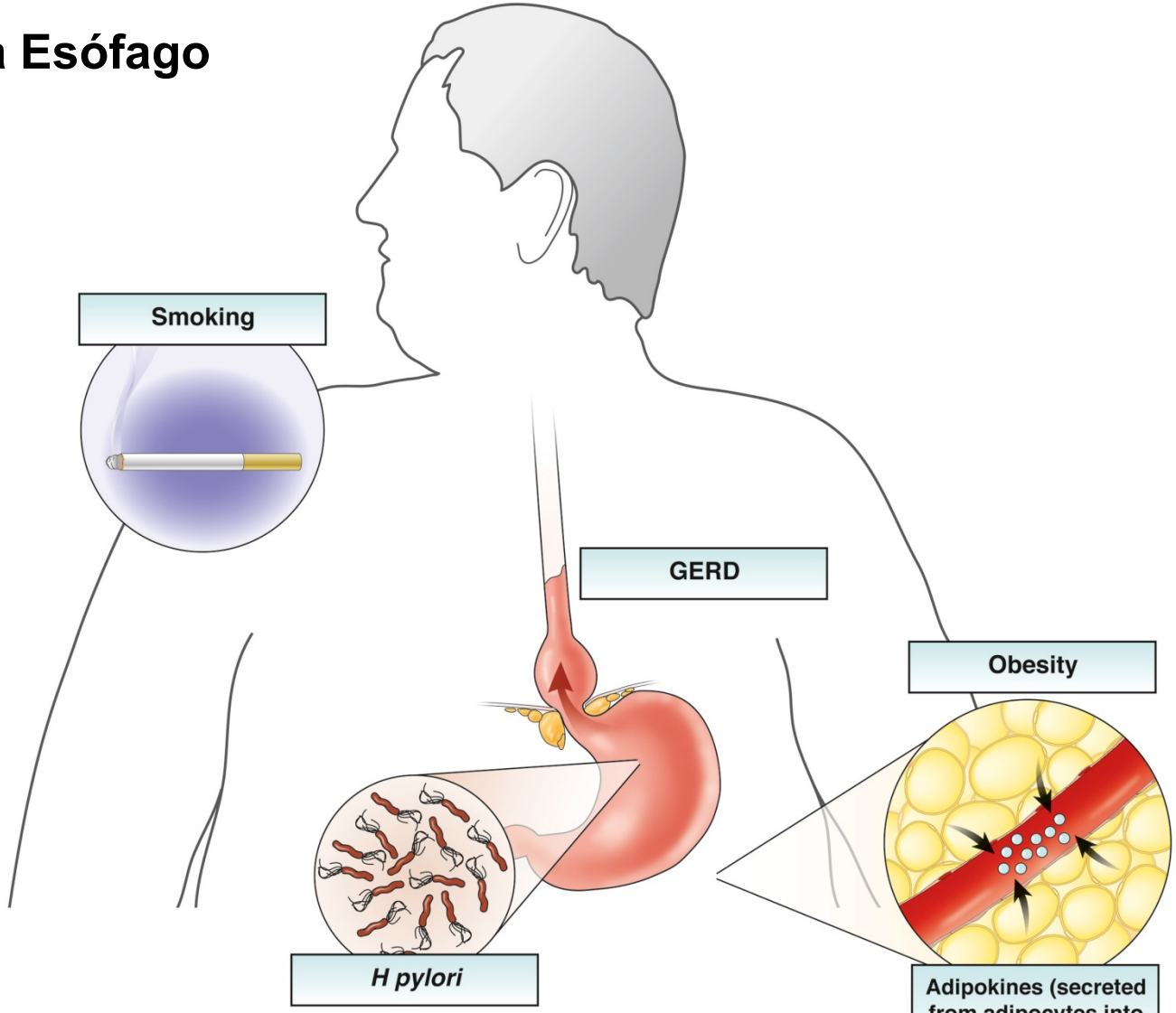
↓ **Síntomas 74%**

OR:0.26 (IC 95% 0.07-0.12)

Cardona H, Otero W, Gutiérrez O, Gastroenterology 2001;120:A48

H.pylori y adenocarcinoma de esófago

Adeno Carcinoma Esófago



Gastrititis Antral Occidente >> HCl

OR 0.56 (IC 95% 0.46–0.68)
Gastritis corporoantral

Islami F, Cancer Prev Res 2008;1:329-38
Rubenstein JH, Gastroenterology 2015;149:302-17

Central Adiposity Is Associated With Increased Risk of Esophageal Inflammation, Metaplasia, and Adenocarcinoma: A Systematic Review and Meta-analysis

SIDDHARTH SINGH,* ANAMAY N. SHARMA,* MOHAMMAD HASSAN MURAD,‡ NAVTEJ S. BUTTAR,* HASHEM B. EL-SERAG,§ DAVID A. KATZKA,* and PRASAD G. IYER*

	Síntomas	Esofagitis	Barrett	Adeno Ca
OR	1.73	1.87 (1.5-2.3)	1.98 (1.5-2.5)	2.51 (1.5-4.0)

Clin Gastroenterol Hepatol 2013;11:1399–1412

Erradicación de *H.pylori* y ERGE

Effect of *Helicobacter pylori* treatment on gastroesophageal reflux disease (GERD): meta-analysis of randomized controlled trials

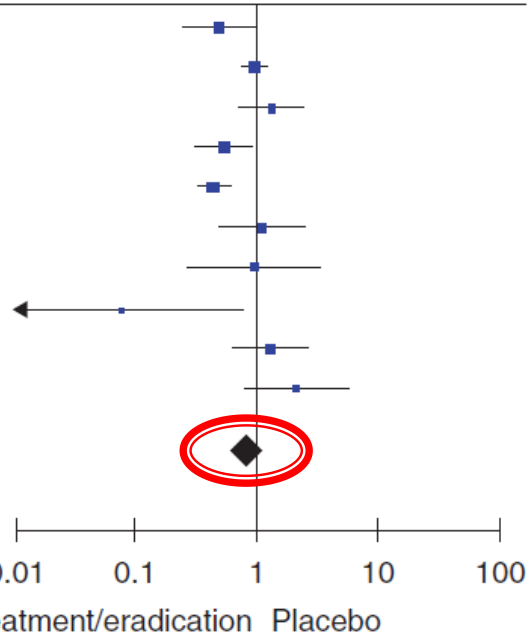
ABDO M. SAAD, ABHISHEK CHOUDHARY & MATTHEW L. BECHTOLD

Síntomas

	Treatment/eradication		Placebo			Odds ratio	Odds ratio
Study or subgroup	**Events**	**Total**	**Events**	**Total**	**Weight**	**M-H, Random, 95% CI**	**M-H, Random, 95% CI**
Befritis *et al.*	22	79	29	66	10.5%	0.49 [0.25, 0.98]	
Harvey *et al.*	169	787	170	771	15.6%	0.97 [0.76, 1.23]	
Kuipers *et al.*	31	111	27	120	11.6%	1.33 [0.74, 2.42]	
Laine *et al.*	33	361	27	172	12.2%	0.54 [0.31, 0.60]	
Malfertheiner *et al.*	121	993	88	369	15.0%	0.44 [0.33. 0.60]	
Moayyedi *et al.*	15	85	15	93	9.4%	1.11 [0.51, 2.44]	
Pilotto *et al.*	6	31	6	30	5.6%	0.96 [0.27, 3.39]	
Schweiser *et al.*	7	13	15	16	2.2%	0.08 [0.01, 0.78]	
Vakil *et al.*	41	178	12	64	10.2%	1.30 [0.63, 2.66]	
Wu *et al.*	15	53	8	51	7.7%	2.12 [0.81, 5.56]	
Total (95% CI)		**2691**		**1752**	**100.0%**	**0.81 [0.56, 1.71]**	
Total events	460		397				

Heterogeneity: $Tau^2 = 0.21$; $Chi^2 = 33.57$, df = 9 ($p = 0.0001$); $I^2 = 73\%$

Test for overall effect; $Z = 1.11$ ($p = 0.27$)



Scand J Gastroenterol 2012; 47: 129–135

Effect of *Helicobacter pylori* treatment on gastroesophageal reflux disease (GERD): meta-analysis of randomized controlled trials

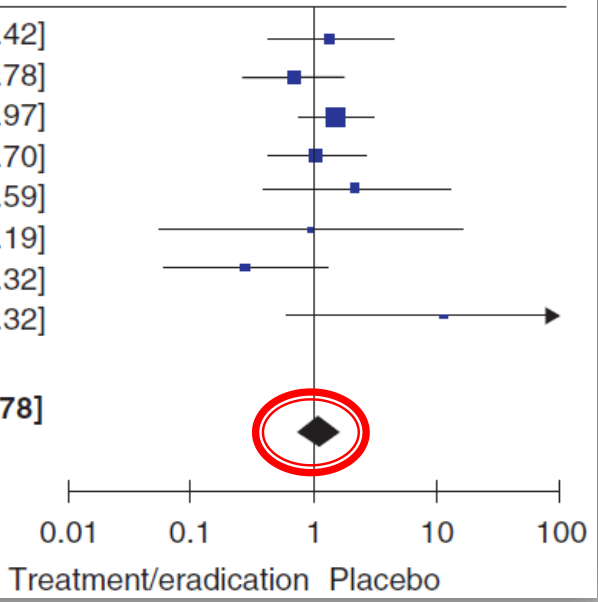
ABDO M. SAAD, ABHISHEK CHOUDHARY & MATTHEW L. BECHTOLD

Esofagitis

	Treatment/eradication		Placebo			Odds ratio	Odds ratio
Study or subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Befritis *et al.*	8	79	5	66	12.8%	0.37 [0.43, 4.42]	
Kuipers *et al.*	8	111	12	120	0.70%	0.70 [0.27, 1.78]	
Laine *et al.*	24	621	14	554	1.52%	1.52 [0.78, 2.97]	
Malfertheiner *et al.*	13	162	8	107	19.2%	1.08 [0.43, 2.70]	
Moayyedi *et al.*	4	85	2	93	6.4%	2.25 [0.40. 12.59]	
Pilotto *et al.*	1	31	1	30	2.5%	0.97 [0.06, 16.19]	
Schweiser *et al.*	5	13	11	16	7.9%	0.28 [0.06, 1.32]	
Wu *et al.*	5	53	0	51	2.3%	11.28 [0.06, 1.32]	
Total (95% CI)		**1155**		**1027**	**100.0%**	**1.13 [0.72, 1.78]**	
Total events	68		53				

Heterogeneity: $Tau^2 = 0.06$; $Chi^2 = 8.10$, df = 7 (p= 0.32); $I^2 = 14\%$

Test for overall effect; Z = 0.54 (p = 0.59)

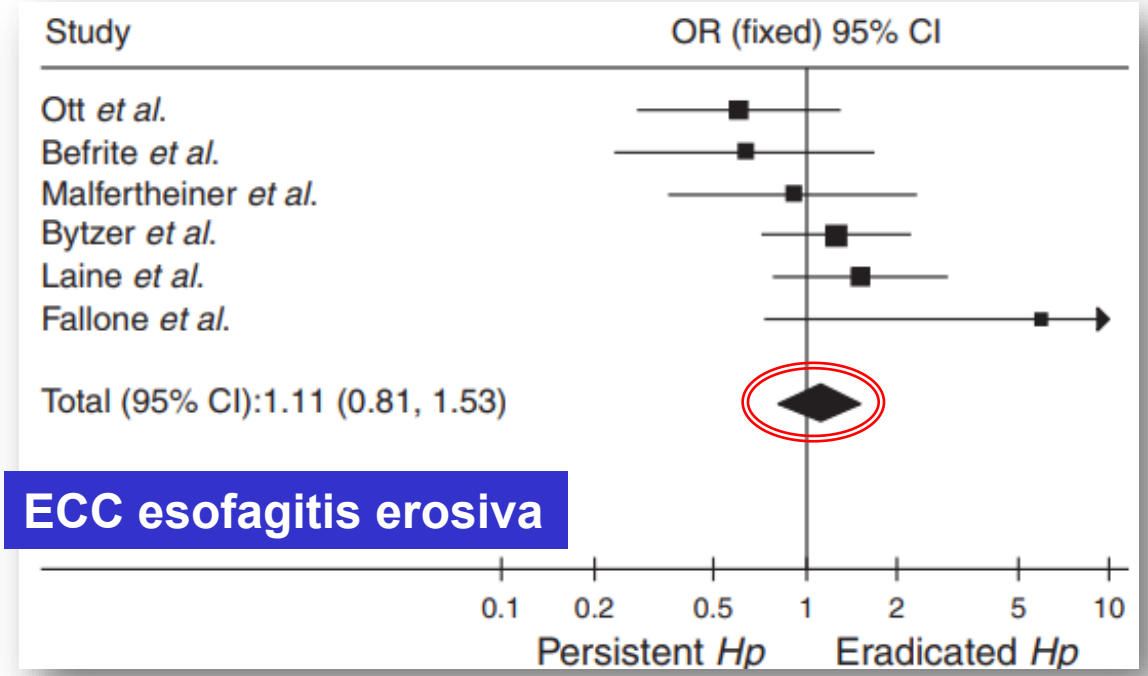


Scand J Gastroenterol 2012; 47: 129–135

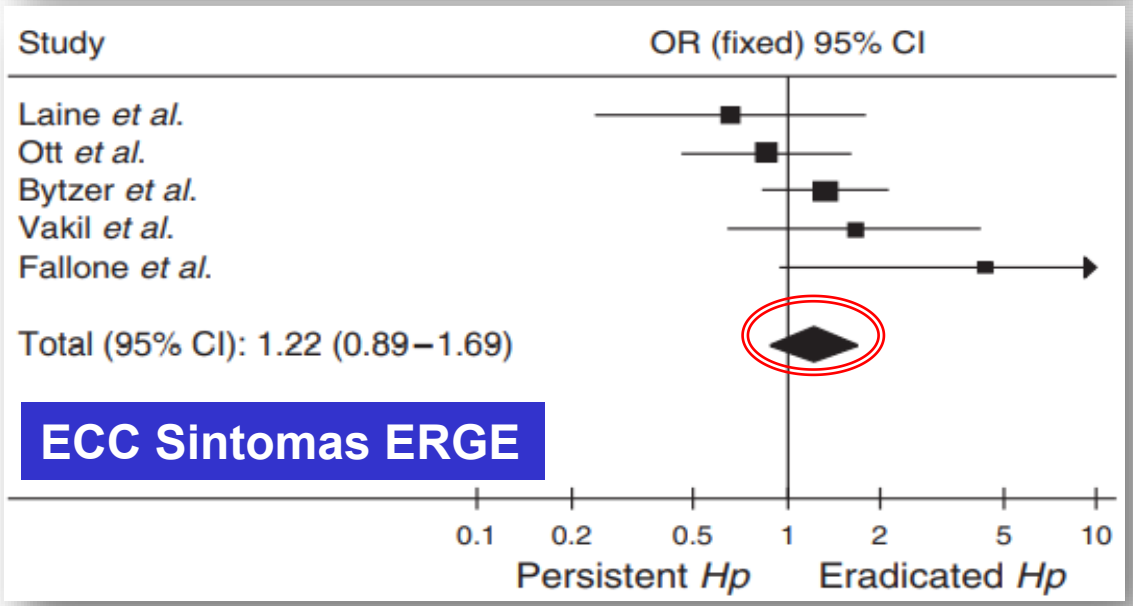
Is There an Increased Risk of GERD After *Helicobacter pylori* Eradication?: A Meta-Analysis

Mohammad Yaghoobi, MD, MSc[1,2,3], Forough Farrokhyar, PhD[3,4], Yuhan Yuan, MD, PhD[2] and Richard H. Hunt, MB, FRCP, FRCPC, AGAF[2]

Am J Gastroenterol 2010; 105:1007–1013

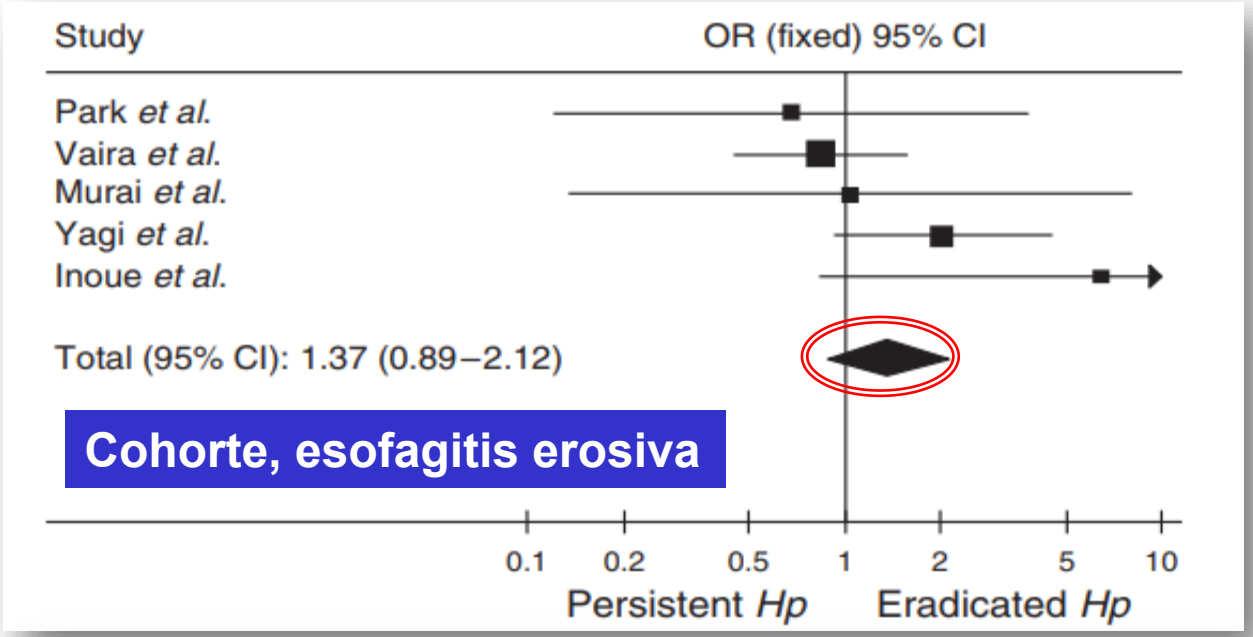


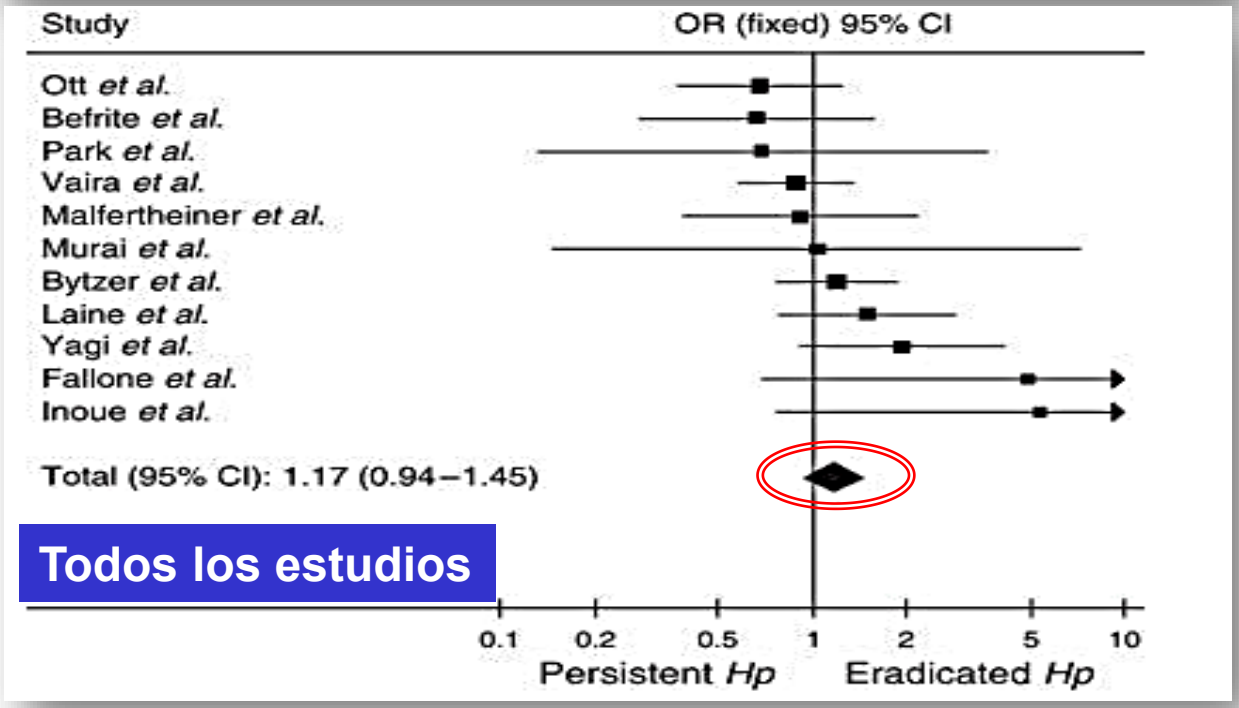
ECC esofagitis erosiva



ECC Sintomas ERGE

Am J Gastroenterol 2010; 105:1007–1013





Am J Gastroenterol 2010; 105:1007–1013

Helicobacter

Helicobacter ISSN 1523-5378

Effects of *Helicobacter pylori* Eradication on Gastroesophageal Reflux Disease

Bingbing Qian[1], Shijie Ma[1], Li Shang, Juan Qian and Guoxin Zhang

Department of Gastroenterology, First Affiliated Hospital of Nanjing Medical University, Nanjing, China

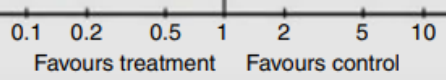
Helicobacter 2011;16: 255–265

Review: New review
Comparison: 01 the frequency of heartburn
Outcome: 01 eradicated group vs persistent group

4 Ensayos clínicos pirosis

Study or sub-category	Eradicated group n/N	Persistent group n/N	OR (fixed) 95% CI	Weight %	OR (fixed) 95% CI
N. Vakil	12/51	41/161		24.89	0.90 [0.43, 1.88]
P. Bytzer	7/71	7/80		9.79	1.14 [0.38, 3.43]
R. Befrits	22/79	29/66		37.62	0.49 [0.25, 0.98]
E.A.Ott	37/73	31/60		27.69	0.96 [0.49, 1.90]
Total (95% CI)	274	367		100.00	0.79 [0.54, 1.15]

Total events: 78 (eradicated group), 108 (persistent group)
Test for heterogeneity: $\chi^2 = 2.66$, d.f. = 3 ($p = .45$), $I^2 = 0\%$
Test for overall effect: $Z = 1.23$ ($p = .22$)

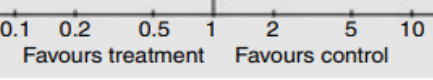


Review: New review
Comparison: 03 the frequency of erosive GERD
Outcome: 01 eradicated group vs persistent group

10 Ensayos clínicos erosiones

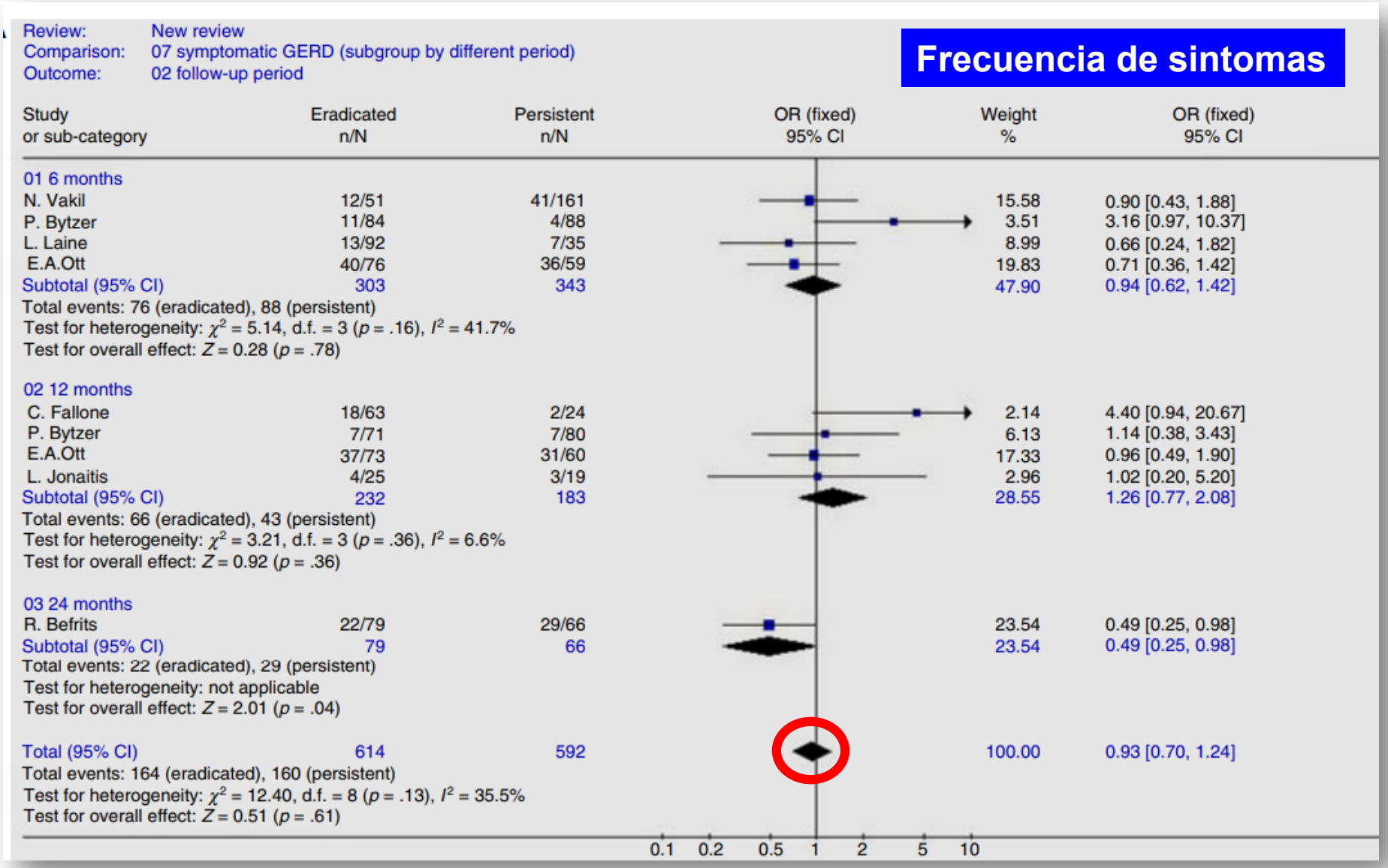
Study or sub-category	Eradicated group n/N	Persistent group n/N	OR (fixed) 95% CI	Weight %	OR (fixed) 95% CI
C. Fallone	13/63	1/24		1.97	5.98 [0.74, 48.49]
P. Bytzer	7/139	5/137		8.19	1.40 [0.43, 4.52]
R. Befrits	8/79	5/66		8.39	1.37 [0.43, 4.42]
W. Schwizer	6/7	7/14		1.14	6.00 [0.57, 63.68]
J,C,Y. Wu	11/14	8/11		3.29	1.38 [0.22, 8.67]
L. Laine	2/28	14/544		2.18	2.91 [0.63, 13.49]
P. Malfertheiner	5/162	2/107		4.00	1.67 [0.32, 8.78]
L. Kupcinskas	20/92	42/113		50.55	0.47 [0.25, 0.88]
E.A.Ott	8/73	7/60		11.72	0.93 [0.32, 2.74]
L. Jonaitis	3/25	5/19		8.57	0.38 [0.08, 1.85]
Total (95% CI)	682	1095		100.00	0.97 [0.67, 1.40]

Total events: 83 (eradicated group), 96 (persistent group)
Test for heterogeneity: $\chi^2 = 14.95$, d.f. = 9 ($p = .09$), $I^2 = 39.8\%$
Test for overall effect: $Z = 0.16$ ($p = .88$)

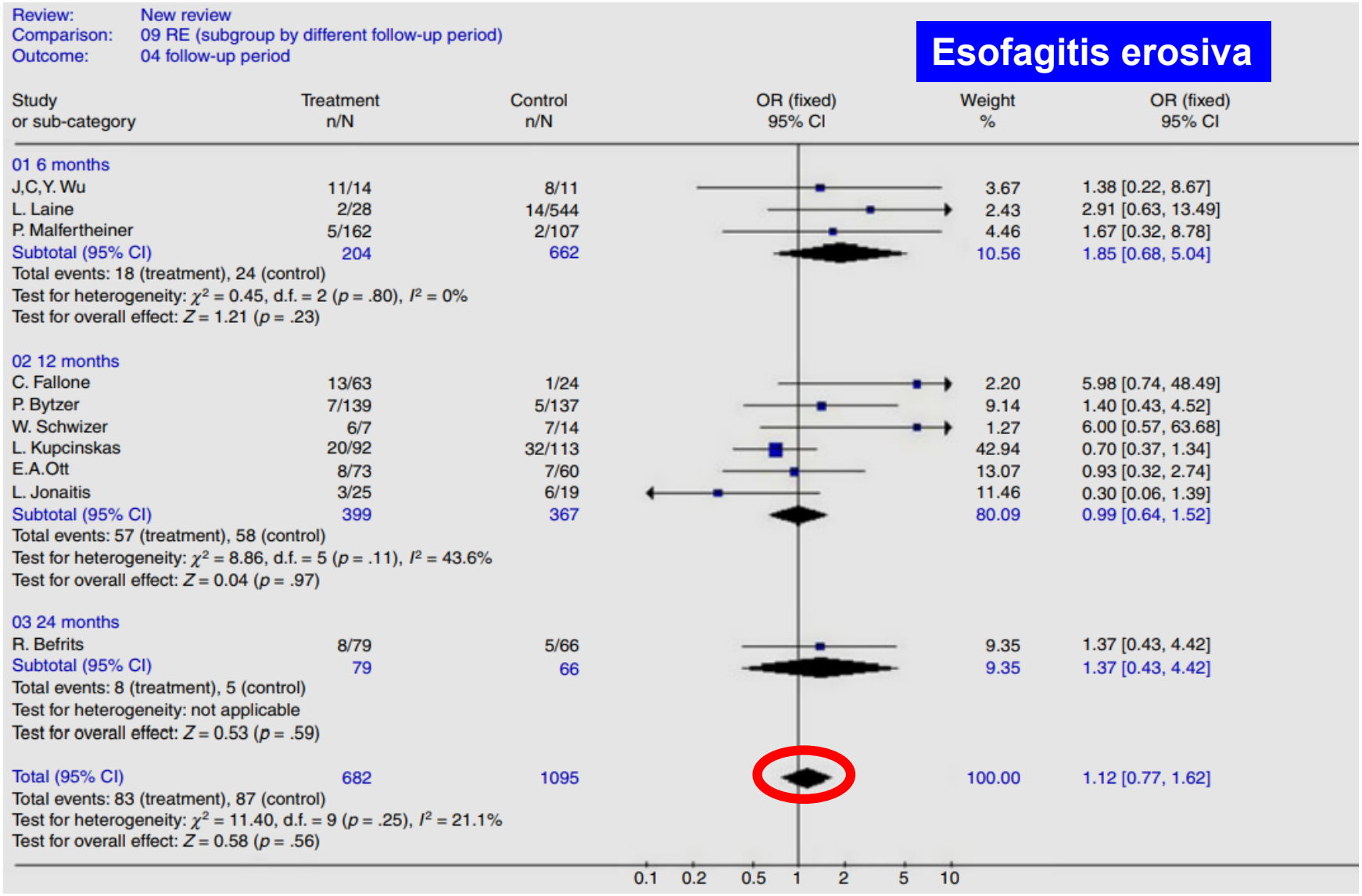


Helicobacter 2011;16: 255–265

Frecuencia de sintomas



Qian et al, Helicobacter 2011;16: 255–265



Qian et al, Helicobacter 2011;16: 255–265

IBP y gastritis atrófica En ERGE con H.pylori

ATROPHIC GASTRITIS AND *HELICOBACTER PYLORI* INFECTION IN PATIENTS WITH REFLUX ESOPHAGITIS TREATED WITH OMEPRAZOLE OR FUNDOPLICATION

ERNST J. KUIPERS, M.D., PH.D., LARS LUNDELL, M.D., PH.D., ELLY C. KLINKENBERG-KNOL, M.D., PH.D., NIILO HAVU, M.D., PH.D., HENK P.M. FESTEN, M.D., PH.D., BENGT LIEDMAN, M.D., PH.D., CORNELIUS B.H.W. LAMERS, M.D., PH.D., JAN B.M.J. JANSEN, M.D., PH.D., JAN DALENBÄCK, M.D., PH.D., PLEUN SNEL, M.D., PH.D., G. FRITS NELIS, M.D., PH.D., AND STEPHAN G.M. MEUWISSEN, M.D., PH.D.

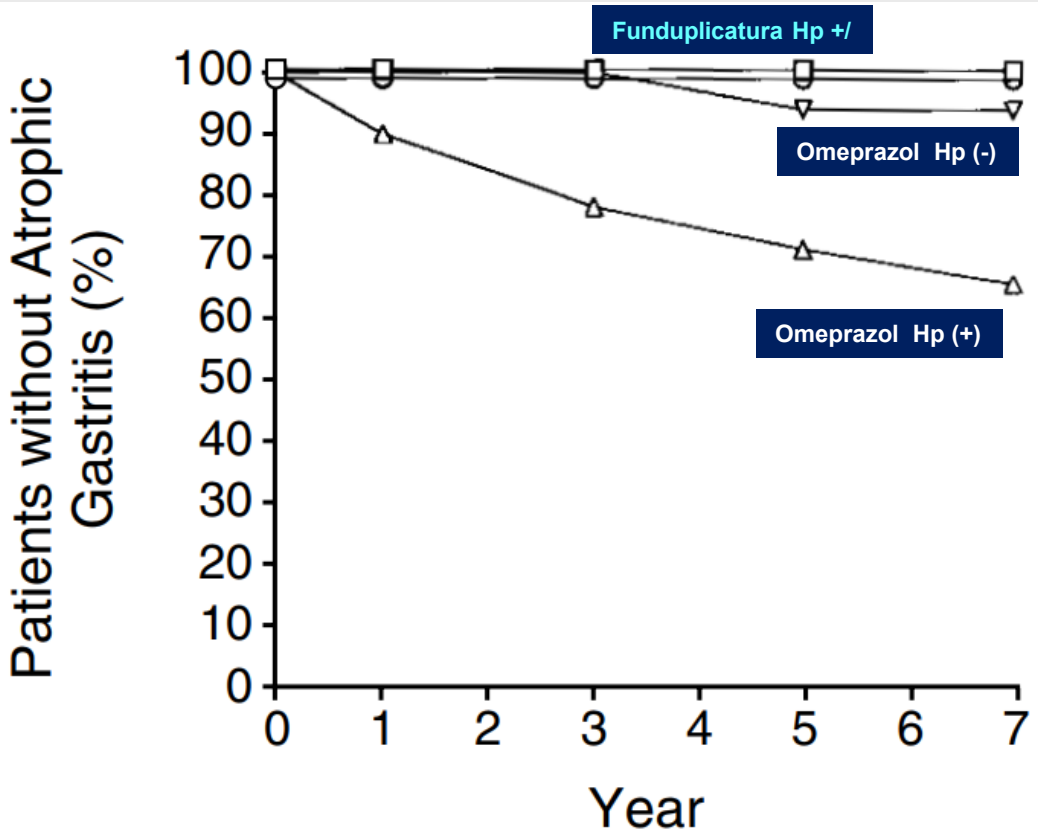
Cohortes-ERGE
5 años

	Funduplicatura 72		Omeprazol 20-40 mg 105	
Hp	31 (+)	41 (-)	59 (+)	46 (-)
Atrofia	0	0	18	2

p <0.001 (Atrofia)

p <0.001

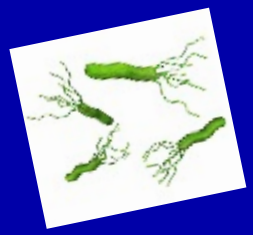
Kuipers EJ, N Engl J Med 1996;334:1018-22



NO. AT RISK					
Fundoplication					
H. pylori–negative (□)	41	41	41	29	6
H. pylori–positive (○)	30	30	30	23	4
Omeprazole					
H. pylori–negative (▽)	46	46	46	34	14
H. pylori–positive (△)	59	59	52	35	9

Kuipers EJ, N Engl J Med 1996;334:1018-22

IBP y Hpylori



IBP

IBP

HCl

HCl

HCl

<<< HCl
Altera la topografía
de la gastritis

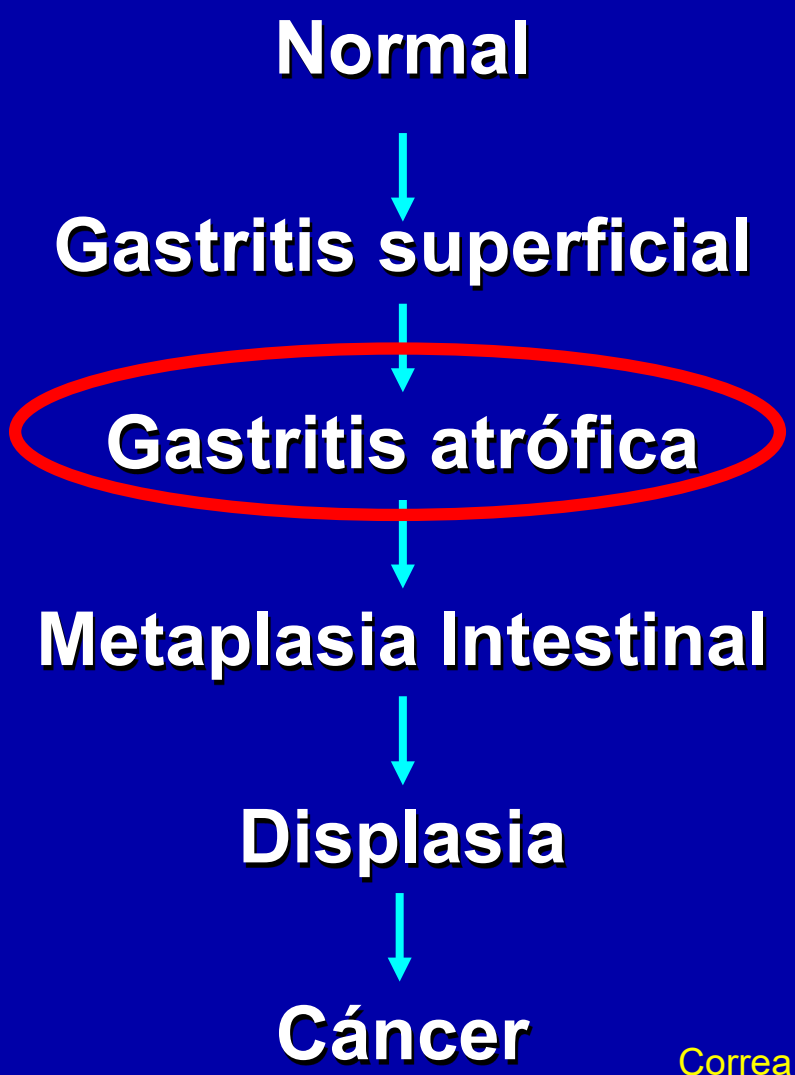
Atrofia

HCl

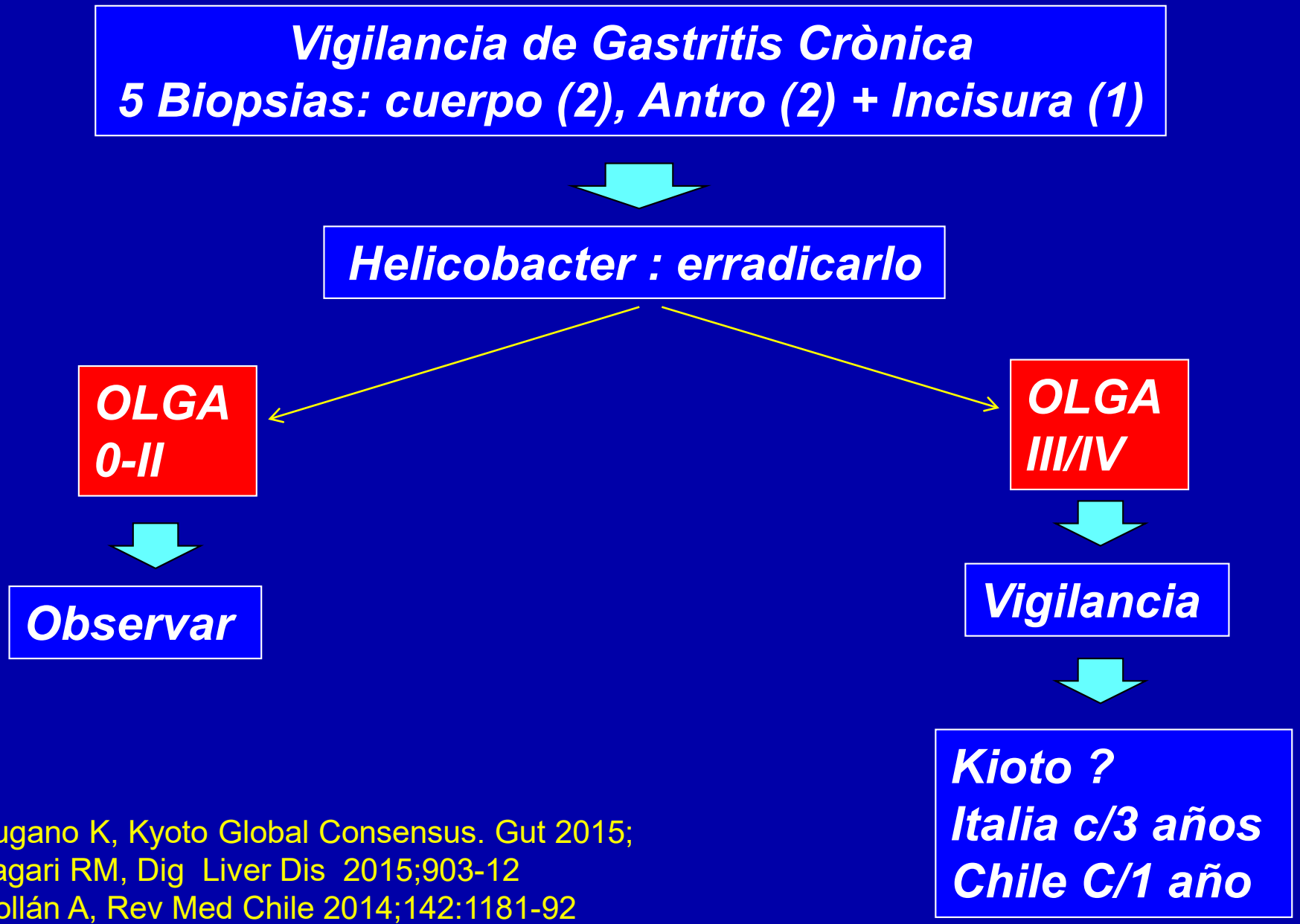
Kuipers EJ, Am J Gastroenterol 1995;90:1401-6
Kuipers EJ, N Engl J Med 1996;334:1018-22
Lundell L, Alim Pharmacol Ther 2006;23:639-47

Carcinogénesis, modelo de Pelayo Correa

Correa P, J Nat Canc Inst 1976;57:1027-35



Correa P, Cancer Res 1990;50:4737-40
Correa P, J Dig Dis 2012;13:2-9



Sugano K, Kyoto Global Consensus. Gut 2015;
Zagari RM, Dig Liver Dis 2015;903-12
Rollán A, Rev Med Chile 2014;142:1181-92

ORIGINAL ARTICLE

WILEY Helicobacter

Fifth Chinese National Consensus Report on the management of *Helicobacter pylori* infection

Helicobacter 2018;23:e12475

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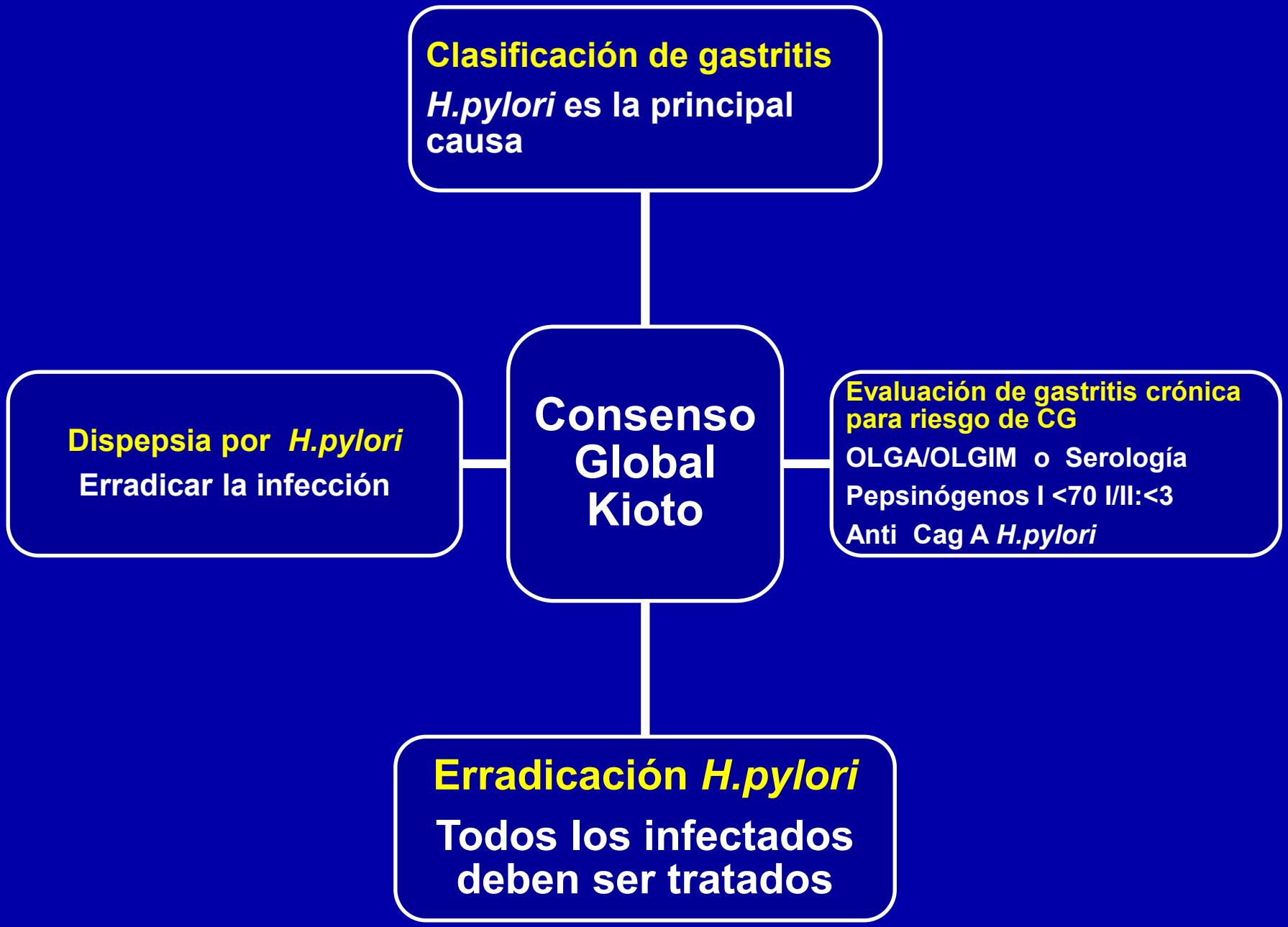
Management of *Helicobacter pylori* infection—the Maastricht V/Florence Consensus Report

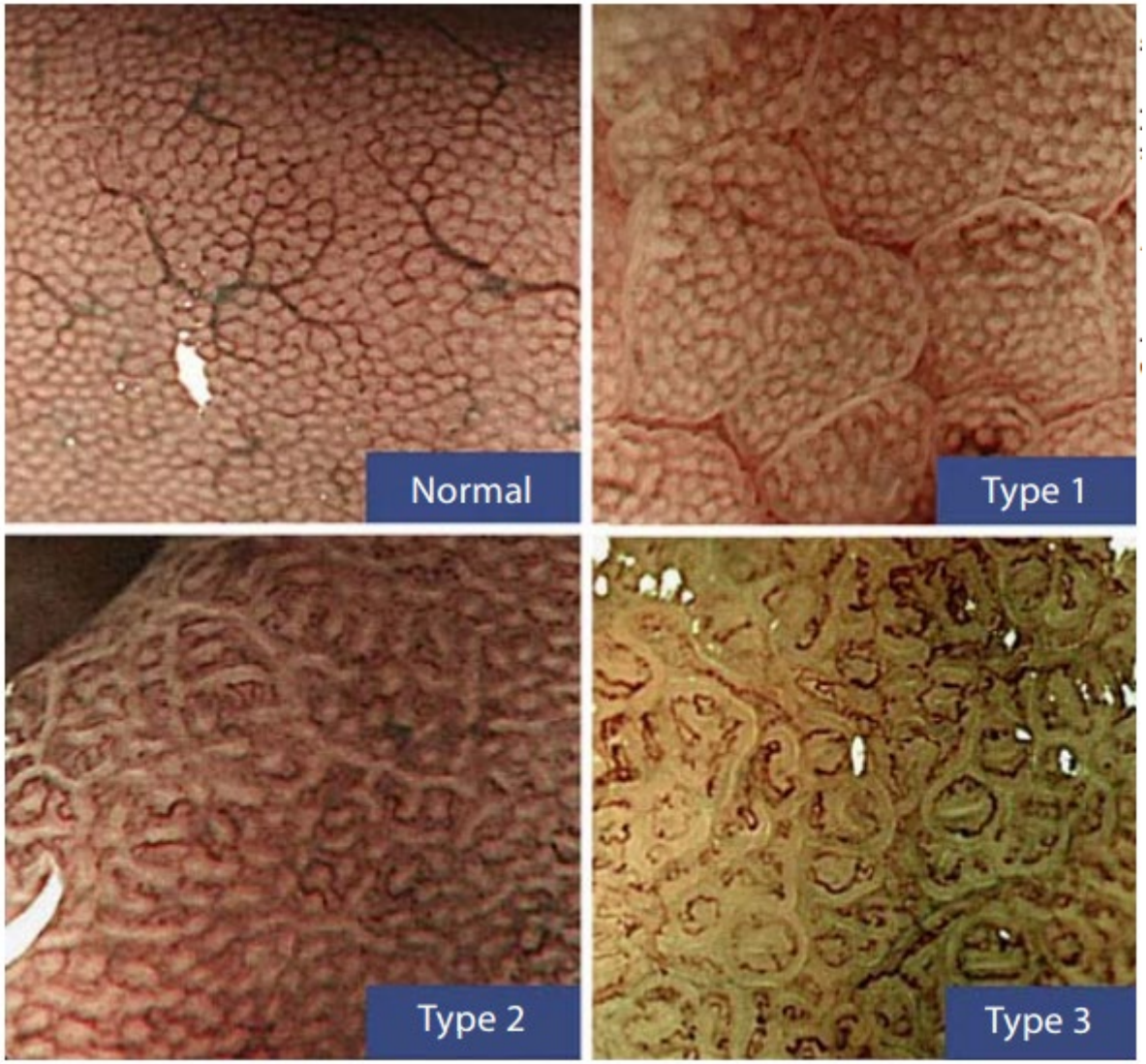
Gut 2016;0:1–25

P Malfertheiner,[1] F Megraud,[2] C A O'Morain,[3] J P Gisbert,[4,5] E J Kuipers,[6] A T Axon,[7] F Bazzoli,[8] A Gasbarrini,[9] J Atherton,[10] D Y Graham,[11] R Hunt,[12,13] P Moayyedi,[14] T Rokkas,[15] M Rugge,[16] M Selgrad,[17] S Suerbaum,[18] K Sugano,[19] E M El-Omar,[20] on behalf of the European Helicobacter and Microbiota Study Group and Consensus panel

IBP largos Períodos → **Erradicación *H.pylori***



Sugano K, Gut 2015;64:1353-67

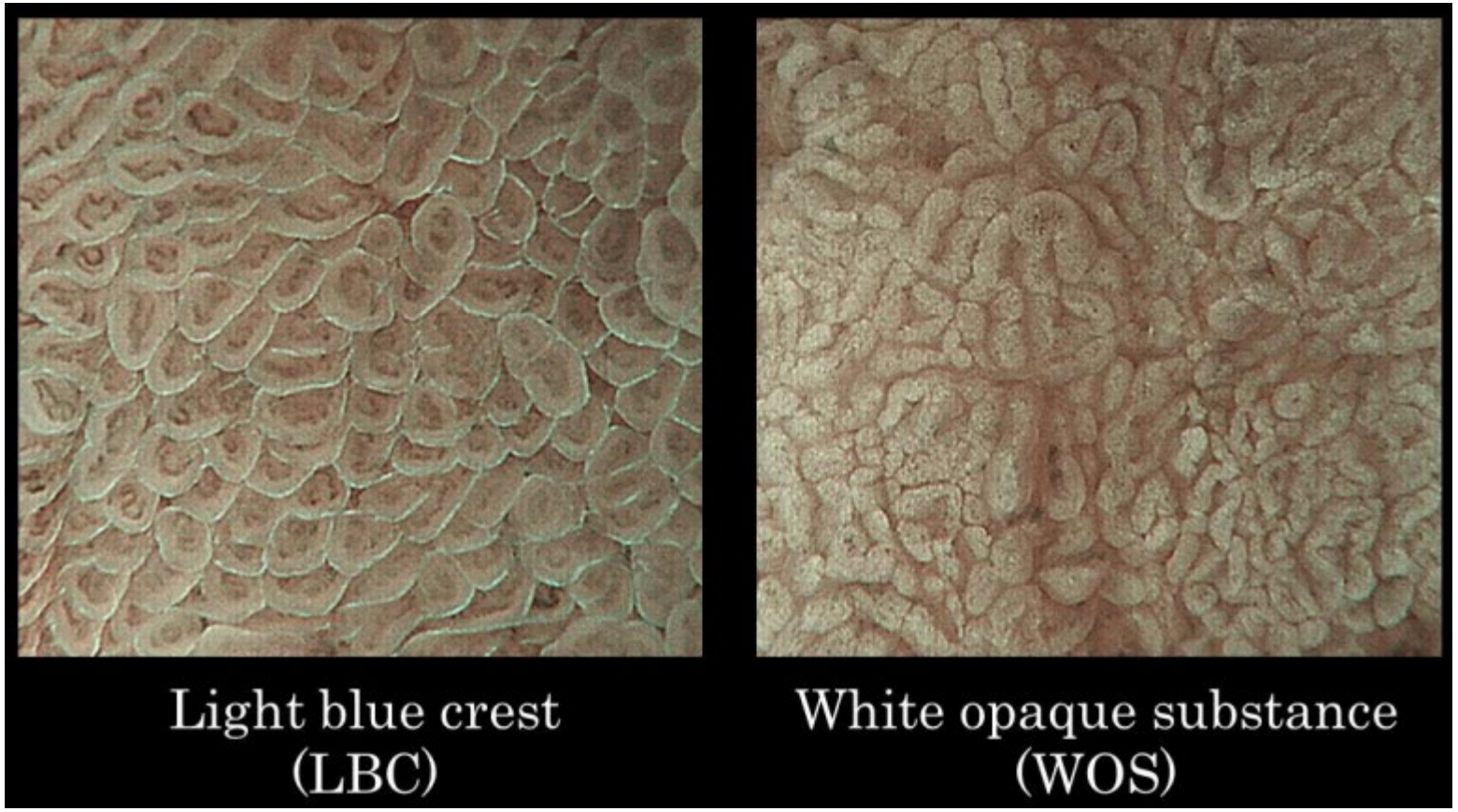


"Gastritis Crónica leve"

"Gastritis Crónica severa con Atrofia y metaplasia intestinal"

"Gastritis Crónica moderada"

Hirata I, Digestion 2012;85:74–79



Saka A, Dig Endosc 2015 ;27:734-41

Concordancia Histologia-NBI ME

Japón ***NBI ME***

OLGA OLGIM

Occidente

	Bajo riesgo 30 casos	Alto Riesgo 25 casos
Bajo riesgo O,I,II	**25**	1
Alto riesgo III,IV	5	**24**

89.1 (49/55)

Saka A, Dig Endosc 2015;27:735-42

Mensajes para la casa

H.pylori **es un antisecretor biológico, similar a omeprazol, pero con muchos efectos colaterales!!**

H. pylori **debe erradicarse en ERGE**
En ERGE la erradicación no altera
La enfermedad

Muchas gracias!