H. pylori infection in rheumatoid arthritis: effect of drugs on prevalence and correlation with gastroduodenal lesions

Sir, We read with interest the detailed and thorough report by Ishikawa et al. on the correlation of *Helicobacter pylori* with endoscopic lesions in the upper gastrointestinal tract of patients with rheumatoid arthritis (RA) on non-steroidal anti-inflammatory drugs (NSAIDs) [1]. They found no link between endoscopically visualized pathology and the presence of *Helicobacter*, except for a reduction in gastro-oesophageal reflux in colonized individuals. Sixty of their 184 patients were symptomatic and the prevalence of *Helicobacter* in these patients was identical to that in the group overall at 61%. Fifty-three patients were found to have peptic ulcers, of which only 11 were in the duodenum, although *Helicobacter* was present in eight of these patients. However, the data do not allow calculation of the number and site of ulcers occurring in symptomatic individuals.

We recently performed a prospective endoscopic study of 100 RA patients with dyspepsia to investigate the factors contributing to symptoms. We found that the prevalence of *Helicobacter* was no different from that in an age-matched control group with osteoarthritis, but that the coexistence of NSAID consumption and *Helicobacter* colonization increased the chance of finding gastro-duodenal ulceration highly significantly in RA patients [2]. There was no significant effect of oral steroids or disease-modifying drugs on ulceration. We feel that eradication of *Helicobacter* is appropriate in the presence of endoscopically visualized ulceration, especially in the duodenum.

We wonder if it would be possible to see the details of the endoscopic findings in symptomatic patients in the study of Ishikawa et al., with reference to their *Helicobacter* status? If there is an association between duodenal ulceration and *Helicobacter* status in these patients, it would justify endoscopy in dyspeptic RA patients. If the data fail to confirm our findings, a logical alternative approach may be the use of proton pump inhibitors in all NSAID-treated RA patients with dyspepsia, reserving the use of endoscopy for iron deficiency anaemia or persistent gastrointestinal symptoms.

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