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Seroprevalence of *Helicobacter pylori* in Patients With Surgical Peptic Ulcer

Background: *Helicobacter pylori* is known as a major cofactor in ulcerogenesis. However, the role of *H pylori* in surgical patients with peptic ulcer and its possible influence on surgical treatment is unclear.

Objectives: To determine the prevalence of *H pylori* infection in surgical patients with complicated peptic ulcer diseases and analyze its clinical significance.

Design: A prospective, controlled study.

Setting: University-affiliated hospital and tertiary care center.

Subjects: Two study groups: surgical group (n=66), ie, patients who received surgical treatment for their peptic ulcer disease), and control group (n=377) comprising 3 subgroups: normal volunteers (NV subgroup, n=136) and patients who required only medical treatment for duodenal ulcer (DU subgroup, n=119) or gastric ulcer (GU subgroup, n=122) from January 1, 1994, to June 30, 1995.

Methods: Preoperative or overnight fasting serum samples were collected, and *H pylori* state was assessed by serum anti-*H pylori* IgG.

Results: Seropositivity was similar between the surgi-

cal group (60.6%) and NV control subgroup (58.8%), but it was highest in the DU control subgroup (87.4%) ($P<.001$ compared with NV control subgroup), followed by GU control subgroup (76.2%) ($P<.01$ compared NV). The patients with surgical peptic ulcer who had both seropositive and seronegative results for *H pylori* were similar for sex, age, social status, ulcer history, associated major medical problems, use of nonsteroid anti-inflammatory drugs, ulcer location, type of surgery, and ulceration recurrence rate. Although patients who underwent elective surgery had a higher seroprevalence rate (88.9%) than those requiring emergency surgery (56.4%) and patients who were seronegative for *H pylori* seemed to be associated with a higher major morbidity, these results were not statistically significant.

Conclusion: No significant association of *H pylori* infection and peptic ulcer was noted between patients who required surgical treatment compared with those who required only medical treatment; *H pylori* played only a limited role in the cause of disease in surgical patients, perhaps only in the cases complicated with stenosis or intractable ulcers. This suggests that presently adequate acid reduction procedure will still be the main objective of surgical treatment and prevention of the ulcer recurrence.

(1997;132:430-433) Wei-Jei Le, MD, PhD, et al. Reprints: King-Jen Chang, MD, PhD, No. 7 Chung-Shan S Rd 10002, Taipei, Taiwan, Republic of China.

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