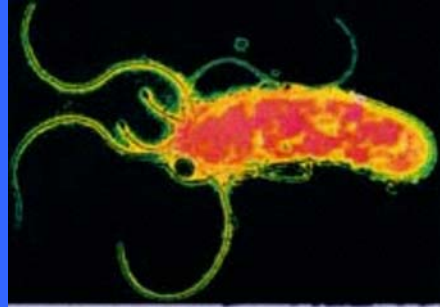


## What causes

DU	95%
GU	70%
Gastric cancer	70%

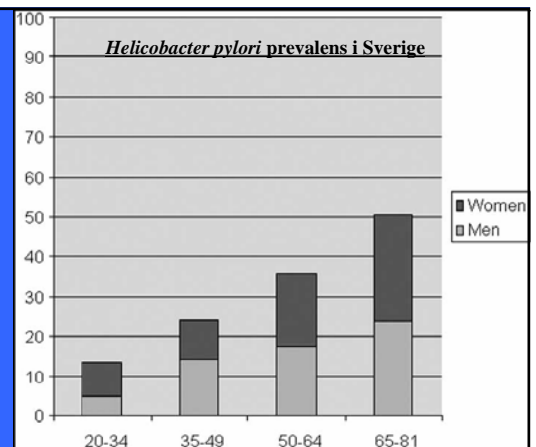


## Helicobacter pylori!

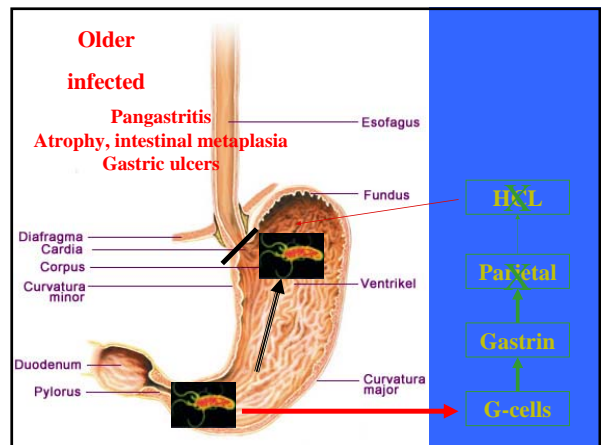
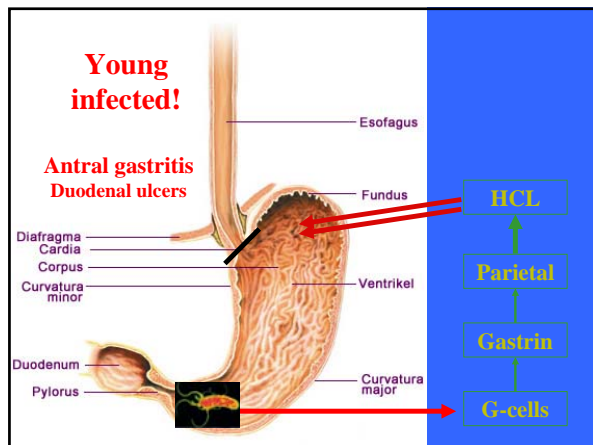
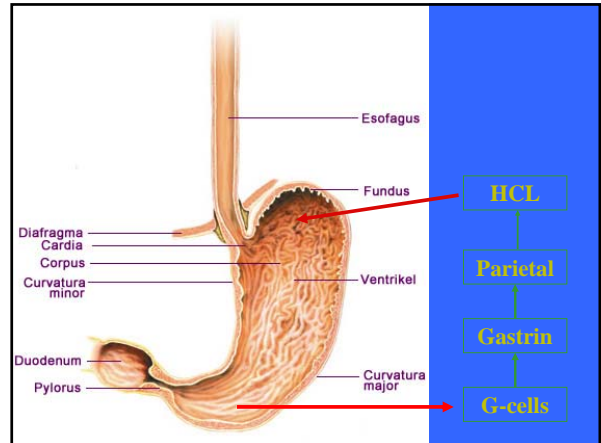


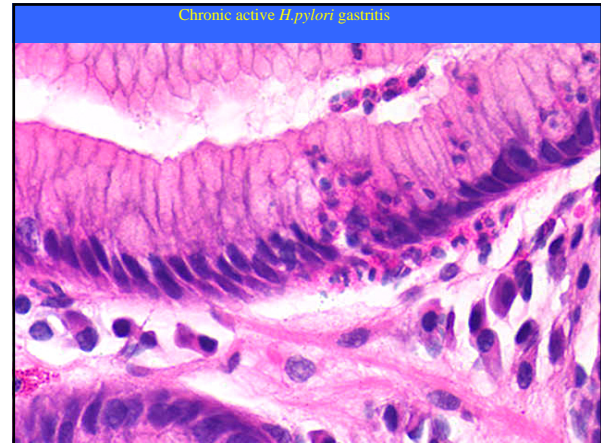
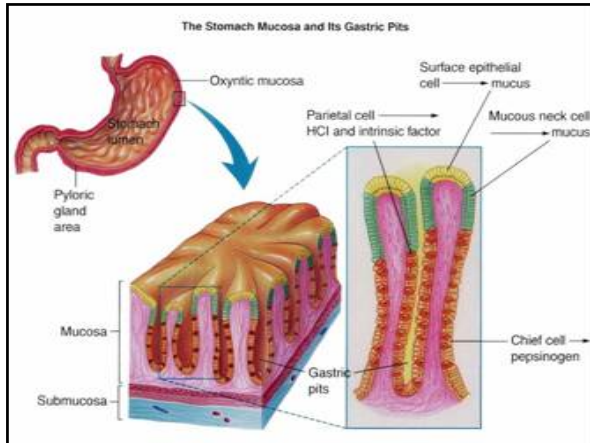
## Helicobacter pylori!

- Mostly infected from mum as a toddler
- Decreases with better prosperity
- More people get eradication as times goes
- “Cohort effekt”



Worldwide prevalence of *H.pylori*  
50%





Background data

Hp + 30% < 50 y.a.

Background data

Hp + 30%

Asymptomatic!

Background data

Hp + 30%

DU/GU  $\leq$  1/5 of infected

Background data

DU 95% Hp+

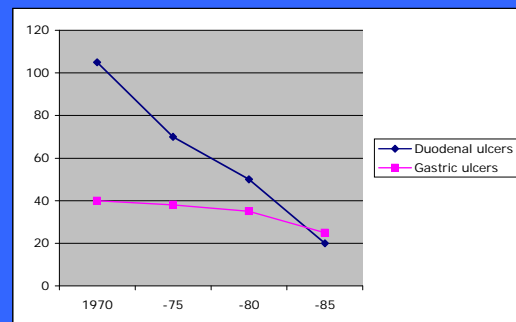
GU 70% Hp+  
GU Hp+ and/or NSAID 95%

The mean age for those with corpus atrophy was  
68 years and for those with IM 66 years

All subjects with corpus atrophy and all but one  
With IM were 52 years or older

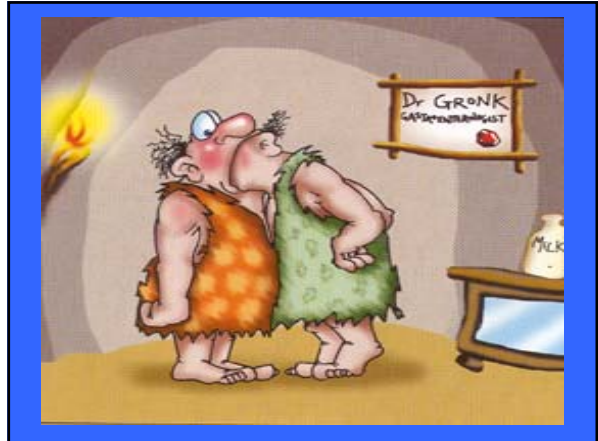
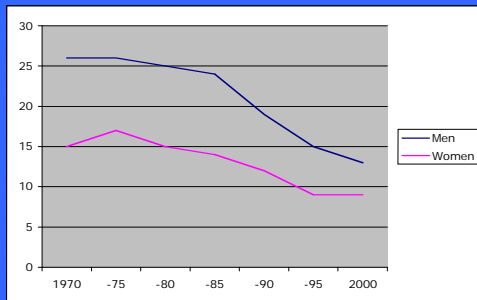
*(Storskrabb et al 2004)*

No of hospital admissions/ 100 000 inhab./year



*Kurata et al; J Clin Gastro 1988;10: 259*

**No of gastric cancers/ 100 000 inhab./year**



**Indirect H. Pylori tests  
(without endoscopy)**

**Current & past infections - bloodbased test**

Sens - spec approx. 85%

- Wholeblood test- "inhouse" - practical, **but do not use**
- Serology - must be sent to lab- can reasonably exclude infection

**Indirect H. Pylori tests**

**Current infection**

Sens - spec approx 95%

- Urea-breath test UBT - sent to lab or inhouse
- F-Hp -sent to lab, no extra visit.

