




Helicobacter Stool Antigen Testing: an Alternative Method for Pre-operative Screening

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Dear Editor,

Helicobacter pylori is a gram-negative bacteria known to colonise the stomach of some individuals. Its presence within the stomach is associated with peptic ulcer disease and gastric cancer. The prevalence of *Helicobacter pylori* varies internationally and lower socio-economic status has been associated with increased risk infection [1, 2]. The presence of *Helicobacter Pylori* has also been associated with increased body mass index independent of other factors [3].

In the context of bariatric surgery, the presence of *Helicobacter pylori* within the stomach increases risk of marginal ulceration following gastric bypass [4]. Despite this, there are currently no clear recommendations specifically relating to screening for *Helicobacter pylori* prior to bariatric and metabolic surgery (BMS). Routine utilisation of upper gastrointestinal endoscopy for asymptomatic patients prior to BMS remains controversial and beyond the resources of many healthcare systems [5, 6].

Our unit has screened histology reports from stomach specimens following sleeve gastrectomy and established that 6.2% of specimens (18/291) had presence of *Helicobacter pylori* identified. Although these patients were treated post-operatively, it is likely that the incidence of *Helicobacter pylori* presence is similar in patients undergoing gastric bypass who may be at increased risk of potential complications.

Helicobacter pylori stool antigen is a safe, non-invasive and inexpensive alternative of pre-operative screening prior to BMS. Stool antigen testing has the additional benefit of highlighting active infection with *Helicobacter pylori* rather than serum testing which may be positive for previous episodes of infection [7]. It is likely this form of pre-operative testing could be beneficial on a wider scale

and may be something that international and national societies may wish to consider incorporating into specific guidance where routine pre-operative upper gastrointestinal endoscopy is not feasible.

Yours Faithfully.

Declarations

Conflict of Interest The authors declare no competing interests.

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