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# **Helicobacter Pylori in Peptic Ulcer Disease**

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## HELICOBACTER PYLORI IN PEPTIC ULCER DISEASE

Peptic ulcer disease has been considered to be a chronic gastrointestinal illness with low mortality but with frequent clinical flareups. In the United States population alone, the lifetime prevalence of peptic ulcer disease is about one in ten. This statistic underscores the high economic cost (i.e., cost of diagnosing, cost of medicines, and loss of time from work) as well as the human cost of peptic ulcer disease.

Researchers have had a long standing interest in understanding the cause of peptic ulcer disease. Up until recently, the development of peptic ulcer disease was thought to be caused only by an imbalance between aggressive factors (acid secretion and pepsin secretion), and defensive factors (mucus, bicarbonate secretion, mucosal blood flow, gastric mucosal barrier, and cellular regeneration). The recent isolation of *Helicobacter pylori* from patients with chronic gastritis and duodenal and gastric ulcers has thus revolutionized our thinking about the pathogenesis of peptic ulcer disease.

Current data suggest that persistent infection with *Helicobacter pylori* may account for the high recurrence rates and the chronicity of peptic ulcer disease. Thus, because of the presence of this organism in ulcers, conventional treatment of peptic ulcer disease has to be altered. At the present time, there is no generally accepted, safe and effective therapy for *H. pylori* infections. Several clinical trials, using a single antibiotic or even two antibiotics, have found these therapies to be ineffective in eradicating the infection. Worldwide, several large clinical studies are under way to evaluate the best treatment for *H. pylori* infection.

Of great clinical importance are the recently published epidemiologic data which show a link of *H. pylori* infection to gastric cancer. In several population studies, there is a significantly higher rate of *H. pylori* infection among those who had gastric cancer. These findings would strongly strengthen the position that the treatment of *H. pylori* positive disease should be undertaken and may be chemopreventive for the prevention of gastric malignancy.

This bibliography was prepared in support of the National Institutes of Health Consensus Development Conference titled Helicobacter Pylori convened in Bethesda, Maryland on February 7-8, 1994. It consists primarily of citations to English, German, and Japanese language journal articles published from 1988 to the present; a few earlier articles of special interest and articles in other languages were also selected. The 1191 citations were selected from a search of the journal literature. Editorials and letters have been included.

The bibliography is arranged in fifteen subject categories. A citation may appear in more than one category.

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- SS 2 = STOMACH ULCER OR ULCER, DUODENAL OR ULCER, PEPTIC
- SS 3 = (TW) ARBAPROSTIL OR BURIMAMIDE OR CARBENOXOLONE OR  
DIMETHYLPROSTAGLANDIN OR ENPROSTIL OR FAMOTIDINE OR  
GEFARNATE OR METIAMIDE OR MISOPROSTIL OR NIZATIDINE OR  
PROGLUMIDE OR RIOPROSTIL OR ZOLIMIDINE
- SS 4 = 3 OR EXP ANTI-ULCER AGENTS
- SS 5 = ANTI-INFECTIVE AGENTS (PX) OR DRUG THERAPY, COMBINATION
- SS 6 = 5 AND ALL ULCER:
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## HISTORIC PERSPECTIVE

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