A Comment on the Letter on unacceptability of Kyoto protocol about *Helicobacter pylori*

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Dear Editor,

We read with interest the letter by Sadegh Massarrat on the unacceptability of Kyoto Global Consensus Report on *Helicobacter pylori* (*H. pylori*) Gastritis.¹ The author criticizes the statement 17, that reads, “*Helicobacter pylori* infected individuals should be offered eradication therapy, unless there are competing considerations.”² We believe that clinicians should separate the case of patients who have *H. pylori* related gastritis from those with *H. pylori* infection without clinical symptoms. In the former, eradication could be justified although its real benefit remains unclear in the setting of dyspepsia but in the latter, eradication is not justified and we agree with the comment of Dr. Massarrat. We think that massive eradication of *H. pylori* is useless and associated with an increased risk of other pathologic conditions such as asthma in both pediatric and adult populations.³ The antibiotic treatment could not be recommended in the so called “extra-hepatic” manifestations of *H. pylori* infection.⁴ Furthermore, the rate of *H. pylori* eradication is limited by the high presence of antibiotic resistance making the level of care unacceptable.⁵

In conclusion, *H. pylori* eradication should be only considered in patients with well-defined pathological conditions according to Maastricht Consensus report.⁶

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References