**Reviewer’s Comments**

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**FREQUENCY THE SEROPOSITIVITY OF HELICIBACTER PYLORI AND ASSOCIATED RISK FACTORS WITH INFECTION AMONG DYSPEPETIC PATIENTS**

**ABSTRACT**

**Background and Objectives:** Prevalence of *Helicobacter pylori* infection is the most common worldwide, and the seroprevalence of *H. pylori* infection varies greatly among societies and geographical locations. This study aimed to determine the seroprevalence of *H. pylori* infection among dyspeptic patients in Mukalla city-Hadhramout/Yemen.

**Methods:** A cross-sectional study was conducted for 100 suspected patients complaining of dyspeptic disorders. Serum anti-*H. pylori* was detected using *H. pylori* antibody test cassette rapid immunochromatographic assay. A structured questionnaire developed to collect socio-demographic characteristics, personal hygienic status and some clinical signs.

**Results:** The seropositivity prevalence of *H. pylori* infection was 37% with statistically significant value (*P-value* = 0.000). High prevalence of *H. pylori* infection was detected among males than females. The age groups 19-32 years and 33-46 years showed the highest rate prevalence of *H. pylori* infection, while *H. pylori* infection decreased with advancing age of 47-60 year. There was no significant correlation of *H. pylori* infection with socio-demographic, behaviors and hygienic variables(*P-value*> 0.05).Clinical signs of heartburn and regurgitation were found to be significant risk factors associated with *H. pylori* infection (*P-value* = 0.014).

**Conclusions:** *H. pylori* seroprevalence infection found to have associated with dyspepsia. Heartburn and regurgitation as clinical symptoms were found to be significant risk factors associated with *H. pylori* infection. Non-invasive anti-H. pylori test card was rapid and easy method for detection of H. pylori infection.

**Key words:** Seropositivity, *Helicobacter pylori*, Risk factors, Infection, Dyspeptic patients

**INTRODUCTION**

*Helicobacter pylori* (*H. pylori*)is a Gram-negative microaerophilic spiral shaped flagellated bacillusbacterium1, found deep in the gastric epithelial cells that secrete mucus in the human stomach where neutral pH is prevalent2. It infects 30-50% of the general population worldwide3.

*H. pylori* has several virulence factors that cause the infection, some of these factors contributes to cause gastric inflammation4. Also, *H. pylori* recognized play a causative role in pathogenesis of various gastrointestinal diseases, chronic gastritis, peptic ulcer, gastroduodenal ulcer and it has been associated with the mucosa-associated lymphoid tissue (MALT) lymphoma and gastric carcinoma2,4,5.

Some risk factors associated with *H. pylori* infection include residence in developing countries, health status, improper and handling of swages6,7. *H.pylori* infection is more frequently and commonly found in gastroenterologists, endoscopy staff, intensive care nurses, groups of healthcare workers and those caring for development disabled individuals8.

Non-invasive diagnostic and screening tests for detection of antibody directed against *H. pylori* are now available. Because IgG or IgA antibodies remain elevated as long as the infection persists of *H. pylori*. These tests are valuable for both screening and evaluating therapy of *H. pylori* infection9.

In Yemen, some previous studies are known about the seroprevalence of *H. pylori* infection, but there have been no studies addressing environmental and dietary risk factors are known to have been conducted on the seroprevalence of *H. pylori* infection either among children or adults in Hadhramout Governorate-Yemen. Therefore, the current study was aimed to determine the seroprevalence of *H. pylori* infection by detection of antibody among dyspeptic patients referred to some hospitals in Mukalla city-Hadhramout/Yemen, as well as to study the potential risk factors associated with *H. pylori* infection.

**MATERIALS AND METHODS**

**Study design**

This a cross-sectional study was conducted in Mukalla city-Hadhramout /Yemen. A total of 100 suspected patients complaining of dyspeptic disorders which referred to some main hospitals in Mukalla city-Hadhramout were included. Patients excluded when were they are without dyspeptic disorders.

**Data collection tool**

Prior to samples collection, socio-demographic characteristics, hygienic status and clinical symptoms information of the participants were obtained using a structured questionnaire.

**Laboratory method**

Serum anti-*H. pylori* was detected using a one-step *H. pylori* antibody test cassette supplied by In Tec Products, INC, USA. The advanced quality rapid Anti-*H. pylori* test is a colloidal gold enhanced test detect antibodies in human. The test is based on immunochromatography and can give a result within 20 minutes with a high sensitivity 94.88% and specificity 95.21% as per manufacturer’s specifications. The test used for the rapid visual qualitative detection of antibodies to *H. pylori* in human whole blood, serum or plasma. The procedures followed the manufacturer’s instructions. In brief, 100µl of sample or control dispensed into the circular sample well on the card, then the test results interpreted at 15-20 minutes.

**Evaluation of diagnostic test for *H. pylori* detection**

Evaluation of anti-*H. pylori* diagnostic test was carried out by measurement of sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV).

**Data analysis**

Statistical Package for Social Sciences (SPSS) version 20 was used for data analysis. The association between different variables and outcome the seroprevalence of H. pylori infection was measured and compared using Pearson chi-square (χ2) test. The level of statistical significance was set at *P-value*> 0.05.

**Ethical consideration**

We obtained written consent of all cases. Approval was obtained from the participants prior to collection of blood samples. The study proposal was evaluated and approved from the Faculty of Sciences, Hadhramout University.The objectives, benefits and procedure for the study was made very clear to the participants and they were assured of the confidentiality associated with the study.

**RESULTS**

The overall estimated seropositivity prevalence of *H. pylori* infection among dyspeptic patients was 37(37%) with significant statistical analysis (*P-value* = 0.000) as shown in Table 1. For evaluation of non-invasive diagnostic methods for *H. pylori* infection detection, the sensitivity, specificity, PPV, and NPV of blood test for antibody detection were 34%, 71%, 84% and 24% respectively.

Among the participants,47% of them were males and 53% were females, the range age was 5-60 years. 22% of them were illiterate, 35% had primary education, 26% had completed high school, whereas 16% had university level education and 1% had postgraduate education as given in Table 2.

Seroprevalence of *H. pylori* infection was high in males than females. High rate of *H. pylori* infection was found among the age groups of 19-32 years and 33-46 years and decreased with the age group of 47-60 year, also high rate seroprevalence of *H. pylori* infection was found in primary education level. Statistically, there was no significant associated with *H. pylori* infection and socio-demographic variables (*P-value*> 0.05).*H. pylori* seroprevalence infection showed no significantly associationwith personal habits like food patterns and water sources, as well as, antibiotics drug used(*P-value*> 0.05), whereas clinical symptoms status of the participants complaining heartburn and regurgitation were significantly associated with their *H. pylori* infection (*P-value* = 0.014),as it is shown by the results presented in Table 3.

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**DISCUSSION**

This study showed the overall estimated seroprevalence of *H. pylori* infection among dyspeptic patients was 37%, similar results of seroprevalence *H. pylori* infection in patients with dyspepsia as showed in studies carried out in Iran 34%10, India 35.6%11, Vietnam 48.8%12. Another study showed the anti-*H. pylori* IgG positive was 69.0%13.

However, the prevalence in ~~our~~ study was lower than that reported inother studies, Ethiopia 98%14, Kuwait88.5%15, Afghanistan 75.6%16, Cameroon 51.5%8.Other studies showed *H. pylori* infection rate 78.1%, 64.39% and73.9%17,18,19 respectively. On the other hand, some studies showed low positivity *H. pylori* serum antibody test28.0%20and 24.3%21.This difference in the seroprevalence of *H. pylori* infection could be due to the differences in living conditions or low levels of exposure to the risk factors other than that included in our study.

Many clinical tests are used to confirm the presence of a disease or further the diagnostic process. In our validation of non-invasive anti-*H. pylori* diagnostic test, the sensitivity, specificity, PPV, and NPV of blood test for antibody detection were 34%, 71%, 84% and 24% respectively. Such tests correctly identify all patients with disease and similarly correctly identify all patients who are disease free. In other words, a perfect test is never positive in a patient who is disease free and is never negative in a patient who is in fact diseased22. Prevalence affects PPV and NPV differently, PPV is increasing, while NPV decreases with the increase of the prevalence of the disease in a population, whereas change in PPV is more substantial, NPV is somewhat weaker influenced by the disease prevalence23. A test with a high sensitivity but low specificity results in many patients who are disease free being told of the possibility that they have the disease, these patients should be undergo to further investigation22. Therefore, several studies seroprevalence of *H. pylori* infection showed different results of tests evaluations. A test serology had high sensitivity but low specificity24.Infection of *H. pylori* diagnosed by measuring IgG levels by ELISA method has a sensitivity 94% and specificity 98%25.Also, an enzyme immunoassay test showed sensitivity and specificity of 90% and 89% respectively26.

In this study, seroprevalence of *H. pylori* infection was high in males than females, while high rate *H. pylori* infection showed among the age groups of 19-32 years and 33-46 years and decreased with the age group of 74-60 year, as well as the high rate seroprevalence of *H. pylori* infection found among primary and high school education levels.Other more seroprevalent of *H. pylori* infection in India showed in males 78% and the majority of the *H. pylori*infected patients were in the age group of 31-60 years 61.6%5.On the other hand, 42.6% of female students tested by serum antibody found to be positive for *H. pylori* infection with statistically significant20. Other studies showed overall 62% and 63.6% of women were infected with H. pylori8,18.Also, the seroprevalence of *H. pylori* infection were higher in women than in men13.

The infection of H. pylori takes place early in childhood and adolescence and reaches its peak at adulthood at 35 to 44 years18.Other study showed *H. pylori* infection was more prevalent at the age of 30–39 years 90.8% with significant difference between sexes and women had a higher infection rate than men27, while the predictor of seroprevalence of H. pylori was found to be the illiteracy16.The level of education was statistically related to *H. pylori* infection in the group with high school level10. Other study showed that infection of*H. pylori* was higher among school going children with significant value21.

In this study, the relationship of the prevalence *H. pylori* infection with personal habits and hygienic behaviors variables were not associated with *H. pylori* infection. A study conducted in China showed that the prevalence of *H. pylori* infection was associated with some foods as eating kipper and fried food27, other study revealed that *H. pylori* has a close association with acid peptic disease, it facilitates the fact that individuals who consumes junk food and beverages are predisposed towards both acid peptic disease and *H. pylori*28.On contrast, similar results of the prevalence H. pylori infection were significantly higher among individuals with consumption of unboiling water showed in Thailand29. A study conducted in Uganda revealed that infection rate of *H. pylori* was higher among unsafe source of drinking water with significant value21.

In ~~our~~ results, the relationship the prevalence of *H. pylori* infection with clinical symptoms of the participants complaining heartburn and regurgitation (56.8%) was significantly associated with *H. pylori* infection, while antibiotics drug used was associated with *H. pylori* infection. Moreover, the parasitic infections were not associated with *H. pylori* infection.Similar results showed the predictor of seroprevalence of H. pylori was found to be epigastric pain16. Other study showed all patients with upper abdominal pain and frequent burping were H. pylori seropositive18. Another study revealed that symptomatic participants complained mostly of heart burn, followed by loss of appetite, abdominal pain, nausea, dark foul- smelling stool and vomiting20. Other disagreeresults showed that the antibiotics used was found to be significant risk factor for *H. pylori*seroprevalentinfection12.

**CONCLUSIONS**

The study revealed that seroprevalence of *H. pylori* infection was found to have associated with dyspepsia. Heartburn and regurgitation as clinical symptoms were found to be significant risk factors associated with *H. pylori* infection. Non-invasive anti-H. pylori test card was rapid, easy, inexpensive method for detection H. pylori infection.

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**CONFLICT OF INTEREST**

No conflict of interest associated with this work.

**AUTHORSCONTRIBUTION**

The manuscript was carried out, written and approved in collaboration with all authors.

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Table 1: Frequency the seropositivity of *H. pylori* infection among dyspeptic patients

|  |  |  |  |
| --- | --- | --- | --- |
| Anti-*H. pylori* test result | | χ² test value | *P-value* |
| Positive (%) | Negative (%) |
| 37(37%) | 63(63%) | 12.749 | 0.000\* |

\*Statistically significant *P-value*<0.05

Table 2: Data distribution of dyspeptic patients’ participants

|  |  |  |  |
| --- | --- | --- | --- |
| Characteristic | Category | No. | % |
| Gender | Male | 47 | 47 |
| Female | 53 | 53 |
| Age group (years) | 5 – 18 | 3 | 3 |
| 19 – 32 | 38 | 38 |
| 33 – 46 | 37 | 37 |
| 47 – 60 | 22 | 22 |
| Educational level | Illiterate | 22 | 22 |
| Primary | 35 | 35 |
| High school | 26 | 26 |
| University | 16 | 16 |
| Postgraduate | 1 | 1 |

Table 3: Risk factors of *H. pylori* infection prevalence among dyspeptic patients

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Characteristic | Category | No. of cases | No. of positive | %of positive | χ² test value | *P-value* |
| Gender | Male | 47 | 21 | 57.0 | 2.244 | 0.134 |
| Female | 53 | 16 | 43.0 |
| Age group (years) | 5 – 18 | 3 | 2 | 5.0 | 1.275 | 0.735 |
| 19 – 32 | 38 | 13 | 35.0 |
| 33 – 46 | 37 | 14 | 38.0 |
| 47 – 60 | 22 | 8 | 22.0 |
| Educational level | Illiterate | 22 | 9 | 24.0 | 4.250 | 0.373 |
| Primary | 35 | 12 | 32.0 |
| High school | 26 | 7 | 19.0 |
| University | 16 | 8 | 22.0 |
| Postgraduate | 1 | 1 | 3.0 |
| Food pattern | Fatty, citrus and spicy meals | 97 | 33 | 89.0 | 7.873 | 0.344 |
| Nothing | 7 | 4 | 11.0 |
| Water source | Non filtered | 47 | 14 | 38.0 | 2.018 | 0.365 |
| Filtered | 51 | 22 | 59.0 |
| Filtered and non-filtered | 2 | 1 | 3.0 |
| Clinical symptoms | Regurgitation | 38 | 10 | 27.0 | 17.550 | 0.014\* |
| Heartburn | 4 | 0 | 0.0 |
| Heartburn and regurgitation | 37 | 21 | 57 |
| No symptoms | 21 | 6 | 16 |
| Antibiotics drug used | Used | 29 | 14 | 38.0 | 2.228 | 0.136 |
| Non-used | 71 | 23 | 62.0 |

\*Statistically significant at *P-value*<0.05