Correspondence

Helicobacter pylori eradication to prevent cardio-cerebrovascular diseases: Are current data useful for clinical practice?

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To the Editor,

Kountouras et al. [1], reporting a series of associations between Helicobacter pylori (H. pylori) infection and coronary artery disease (CAD), cerebrovascular disease, and metabolic syndrome, concluded that bacterial eradication is a potential cardio-cerebrovascular prevention strategy. I would like to highlight some aspects of this complicated issue.

Some report, has shown that antibiotic therapy can reduce relapse and mortality after an episode of acute myocardial infarction (AMI), supporting the hypothesis of a link between infections and CAD. However, these findings were not universally confirmed [2]. A placebo-controlled trial, investigated whether antibiotics active against Chlamydia pneumoniae and H. pylori influenced the development of cardiac death or re-admission in patients with AMI or unstable angina. After 52 weeks, patients treated with antibiotics who experienced an endpoint were 25.8% as compared with 38.9% in the placebo group (p < 0.02). However, no difference in total mortality was found [3]. In other works, reporting a significant decrease of recurrence of cardiovascular events after H. pylori eradication, the authors did not find differences in platelet activation or changes in inflammatory parameters [2]. Considering these controversial data, the need for intervention trials, based on antimicrobial treatment and long-term follow-up, to evaluate an eventual delayed benefit, is evident. The optimal population would include patients with atherosclerosis, to assess if bacterial eradication could prevent the progression of a silent CAD. Nevertheless, the inclusion of patients with a previous AMI, would permit to assess if bacterial eradication reduces its recurrence rate. It is difficult to assess if H. pylori eradication could induce a benefit (primary prevention) in healthy subjects [2]. Moreover, since in the animal model a relationship between intestinal microbiota and AMI has been shown [2], and considering that the human bowel is the largest reservoir of microbes [4] in the body, the possibility of an infectious burden should be taken into account.

In conclusion, no convincing data has shown that H. pylori eradication can reduce cardiovascular events. For this reason, actually, I do not agree with a generalized message encouraging H. pylori eradication to prevent CAD or its recurrence.

Conflict of interest

The author reports no relationships that could be construed as a conflict of interest.

References
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