

Helicobacter pylori and endoscopic findings in HIV seropositive patients with upper gastrointestinal tract symptoms at Kenyatta National Hospital, Nairobi.

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Abstract:

Human immunodeficiency virus (HIV) seropositive patients frequently experience upper gastrointestinal tract (GIT) symptoms that cause considerable morbidity and are due to multiple aetiologies. The role of *Helicobacter pylori* gastric mucosal infection in HIV related upper GIT morbidity is unclear. No data exist on the prevalence of *H. pylori* gastric mucosal infection and upper gastrointestinal endoscopic findings in HIV seropositive patients at the Kenyatta National Hospital. **OBJECTIVES:** The aim of the study was to determine the prevalence of *H. pylori* gastric mucosal infection and the pattern of upper gastrointestinal endoscopic findings in HIV seropositive patients. **DESIGN:** A hospital-based prospective case-control study. **SETTING:** Kenyatta National Hospital, Endoscopy Unit. **SUBJECTS:** Fifty two HIV seropositive patients with upper GIT symptoms were recruited (as well as 52 HIV seronegative age and gender matched controls). **INTERVENTION:** Both cases and control subjects underwent upper GIT endoscopy and biopsies were taken according to a standard protocol. *H. pylori* detection was done by the rapid urease test and histology, and *H. pylori* gastric mucosal infection was considered to be present in the presence of a positive detection by both tests; biopsies were also taken for tissue diagnosis and CD4+ peripheral lymphocyte counts were determined using flow cytometry. **RESULTS:** *H. pylori* prevalence was 73.1% [95% CI 59.9-83.8] in HIV positive subjects and 84.6% [95% CI 72.9-92.6] in HIV negative controls ($p=0.230$). Prevalence of *H. pylori* decreased with decreasing peripheral CD4+ lymphocyte counts. Median CD4+ lymphocyte count was 67 cells per cubic millimetre in HIV positive patients. On endoscopy, the most common lesion in HIV positive patients was oesophageal candidiasis (occurring in 51.9%), which was often associated with presence of oral candidiasis and, together with erosions, ulcers and nodules in the oesophagus, occurred exclusively in these patients. A few cases of cytomegalovirus and herpes simplex oesophagitis were seen, as were cases of upper GIT Kaposi's sarcoma, and one gastric lymphoma. **CONCLUSIONS:** *H. pylori* prevalence was not significantly different between HIV positive and HIV negative subjects, and decreased in HIV positive subjects with decreasing CD4+ cell counts. Oesophageal candidiasis was the most important endoscopic finding in HIV positive patients and was often associated with oral thrush.