Helicobacter pylori and gastric metaplasia of the duodenum

Editor,—Profesor Northfield’s group (Gut 1995; 36; 193–7) found a significant decrease in gastric metaplasia in the duodenal bulb after *Helicobacter pylori* eradication. We have three questions.

(1) Duodenal biopsy specimens were examined by two histopathologists. Were they independent, did their results agree, and if not, whose were used?

(2) The extent of gastric metaplasia in the duodenal bulb biopsy specimens was assessed as a percentage of the total duodenal epithelial surface. How was this technique validated? What were the intra- and inter-observer variation of these measurements?

(3) Why were six of 32 (19%) patients with duodenal ulcer without gastric metaplasia or duodenitis in the duodenal bulb?

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Reply

Editor,—We thank Dr Baron’s group for their questions, in reply:

(1) The assessment of histological sections was carried out by two histopathologists unaware of the treatment status of the subject and working together on the same sections. The grading of gastric metaplasia and duodenitis was based on their mutually agreed values.

(2) The extent of gastric metaplasia in the duodenal bulb biopsy specimens was assessed as ‘total epithelial surface present’ in the biopsy sections themselves. We validated the results on 30 randomly selected sections by a morphometric technique using an interactive image analysis system (OsteoMeasure, Osteometrics, Atlanta, USA). There was a close correspondence between the semiquantitative values given in the paper and quantitative measurements (r = 0.89, p < 0.001).

(3) Duodenitis and gastric metaplasia occur in close proximity to duodenal ulcers. It is therefore clear that in a patchy distribution, however, and can be absent from biopsy specimens, especially if the samples are obtained from specific sites regardless of the endoscopic appearance.