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Diagnosis of helicobacter pylori infection

To the Editor,

We read the article "Azithromycin based triple therapy versus standard clarithromycin-based triple therapy in eradication of Helicobacter pylori infection in Iran: A randomized controlled clinical trial," written by Seyed Saeid Sarkeshıkıan et al. (1), with great interest. The authors concluded that azithromycin-based triple therapy is no better than standard clarithromycin triple therapy in *H. pylori* (HP) eradication (1). We thank the authors for their contribution of such a well-designed and well-presented study. We believe that these findings will encourage further studies for *H. pylori* eradication.

Helicobacter pylori remains one of the most common worldwide human infections and is associated upper gastrointestinal conditions, including chronic gastritis, peptic ulcer disease, and gastric malignancy (2). The prevalence of *H. pylori* is closely related to socioeconomic conditions. This infection is more common in developing countries than in developed countries (3). Because there is too much resistance to the drugs used in the treatment of HP, it is difficult to eradicate it. Because the medications that are used to treat HP are also used commonly in treatment of frequently seen diseases, such as upper and lower respiratory tract infections, resistance to this drug develops more easily. Abadi et al. (4) informed in their study that the frequency of resistance to clarithromycin in the treatment of the HP in Iranian population was 45.2%.

The authors reported in the present study that they had used only the rapid urease test in biopsy specimens obtained with upper gastrointestinal endoscopy from patients to diagnose HP. It is reported in European and American helicobacter pylori management guides that there is no sufficient test for the diagnosis of HP except culture and that using at least two different tests for diagnosis of HP is recommended (2,5). Therefore, we believe that the number of HP-positive patients is different from that found in this present study. It is clearly seen that this difference in number of HP-positive patients will affect the results of the study.

Additionally, side effects of the medications were reported in 31 patients in the azithromycin group. The rate of this was reported as 16.8%. İf the number of patients who had side effects was 31, the rate of this patients should be 34.8%. We believe that this was a calculation error. Also, there was a discrepancy between the number of side effects shown in Table 2 and the numbers indicated in the results section.

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Although this comment was sent to the authors of the original manuscript, no response is received.