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***Helicobacter pylori* Serology Testing**

To Health Care Providers:

Helicobacter pylori (*H. pylori*) is associated with gastric and duodenal ulcer disease, chronic gastritis, gastric adenocarcinoma, and mucosa-associated lymphoid tissue (MALT) lymphoma.

Diagnosis of *H. pylori* can be conducted via invasive or non-invasive methods. Non-invasive tests include serology, urea-breath test (UBT), and faeces antigen test. Currently, the Ontario Public Health Laboratory performs only the *H. pylori* serology test (qualitative detection of IgG antibodies to *H. pylori*).

- Serology provides evidence of exposure to *H. pylori* but does not indicate whether the infection is currently active.
- UBT and faeces antigen tests provide evidence of current infection. These tests are not performed by the OPHL but are available through many community and hospital laboratories.

Serological testing for evidence of *H. pylori* infection can be used as part of the initial investigation of patients suspected of having one of the following conditions:

- Active peptic ulcer disease
- A past history of documented peptic ulcer disease
- Atrophic gastritis/chronic gastritis
- Gastric adenocarcinoma
- Gastric MALT lymphoma
- Un-investigated dyspepsia (age < 45-55 years, and no alarm symptoms)
- Prior to long-term non-steroidal anti-inflammatory drugs use

Serologic testing of asymptomatic individuals is rarely indicated because of the low predictive value of the test in this population (exceptions include family members of patients diagnosed with gastric cancer).

For identification of active infection and for “test-of-cure”, the serology test is not useful and either the UBT or faeces antigen test are preferred.

For Further Information:

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