



Proof Source

Houston Consensus Conference on Testing for *Helicobacter pylori* Infection in the United States

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Background

Although guidelines and recommendations have been issued previously, significant gaps persist in the United States with regards to *H. pylori* testing practice. To address these gaps, a multidisciplinary expert panel of *H. pylori* opinion leaders from different regions of the United States was convened, with the goal of providing practical testing guidance for clinicians who diagnose and treat *H. pylori* infections. Following the meeting, these recommendations were validated externally by a separate panel of 100 U.S.-based gastroenterologists.

Recommendations

Statement 20: We recommend the use of tests for active *H. pylori* infection (i.e., *H. pylori* stool antigen testing, urea breath test (UBT)) for the initial diagnosis.

UBT and *H. pylori* stool antigen test are non-invasive tests with excellent sensitivity and specificity and are each appropriate for initial diagnosis of *H. pylori* infection and posttreatment testing. However, there are significant differences between the two tests. *H. pylori* stool antigen tests require no patient preparation prior to sample collection and samples can be transported and stored at room temperature for up to 96 hours, with results available in less than an hour. UBT involves the oral administration of radiolabeled urea and may not be recommended for children or patients who are or may be pregnant or are breastfeeding. Patients may also be required to fast for a period of time prior to UBT sample collection.

Statement 22: We recommend that serology not be utilized for detection of active *H. pylori* infection.

Antibodies to *H. pylori* develop approximately 3 weeks after infection and can remain detectable for many years after an infection has resolved. As a result, serology tests that detect these antibodies in serum, blood, or urine are not accurate for diagnosis of an active current *H. pylori* infection.

Statement 27: We recommend that all patients receiving treatment for *H. pylori* receive posttreatment confirmation of eradication. We recommend that only tests that evaluate for active infection, such as UBT, *H. pylori* stool antigen test, or histology (if endoscopy is required for other reasons), are utilized for this purpose.

Antibiotic resistance in *H. pylori* infections is a growing concern and empiric therapy fails in 20% or more of cases. As a result, posttreatment testing, or a “test-treat-test” strategy, to confirm eradication is recommended.