

Hematologic Challenges of *Helicobacter pylori* in Children

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Introduction

Helicobacter pylori remains a challenging worldwide medical problem due to its extreme widespread prevalence and its close relation to acid peptic disease, gastric carcinoma and lymphoma. All these reasons made the medical world believe that *H. pylori* eradication should be a necessary attempt [1,2]. The last three decades have shown prevalence of abnormal-behavior *H. pylori* strains and the rising figures of medical challenges related to it. Therefore; the last three decades demonstrated rediscovery of *H. pylori*, the antibiotic aggression towards it, the prevalence of its abnormal-behavior strains instead of getting rid of it, and the flare up of a lot of medical challenges related to these *H. pylori* strains [2,3].

The mucosal lymphocytic response to *H. pylori* significantly increases the risk of gastric mucosa associated lymphoid tissue (MALT) lymphoma as the vast majority of gastric MALT lymphoma patients are associated with *H. pylori*. Furthermore; it was found that eradication of *H. pylori* from the stomach with antibiotics alone resulted in regression of gastric MALT lymphoma in 75% of patients, and those patients have shown sustained clinical remission of their lymphomas [3]. As vinegar therapy has demonstrated a remarkable effect in eradication of the abnormal-behavior *H. pylori* strains from the stomach; [4] therefore, the habit of mixing vinegar with food during principal meals is superior and safer than antibiotics, not only in dealing with, but also in prophylaxis from the risk of the challenging gastric lymphoma.

Immune or Idiopathic thrombocytopenic purpura (ITP) has been obviously associated with *H. pylori* existence. The high prevalence of *H. pylori* in patients with ITP and the marked platelet recovery after eradication therapy refers towards role of *H. pylori* in the pathogenesis of ITP [5]. The association of cytotoxin-associated gene A positive *H. pylori* strains with many clinical conditions could encode high immunogenicity and virulence; this could affect the clinical outcome in many children [6-8]. In the light of the recent findings and statistics, a revision of the current guidelines for the management of ITP associated with *H. pylori* may be needed.

Recurrent abdominal pain affects many children, especially those affected by beta-thalassaemia major. As *H. pylori* existence has been shown more common among thalassaemia patients; it should be kept in consideration while ruling out the probable reasons of abdominal pain among those children [9]. As vinegar improves absorption of iron, it should not be mixed with foods containing iron sources; it should be away from these foods and should be mixed with yoghurt as yoghurt reduces iron absorption. For this reason, yoghurt should be chosen as the best food to be mixed with vinegar in cases of abdominal pain associated with *H. pylori* [2,4].

Existence of *H. pylori* in children starts trans-familial during early childhood and the *H. pylori* strain of children is often identical with that of their parents. Interestingly, children maintain the same strain genotype even after moving to a different environment [3,6]. This fact puts a great responsibility upon the parents as concerns the hematologic challenges of *H. pylori* in children.

Although eradications regimens seem to efficiently eradicate *H. pylori*

from the stomach; the emergence of antibiotic-resistant *H. pylori* strains and the severe side effects are major drawbacks of these treatments [1]. *H. pylori* is not eradicated from the stomach but forced to migrate elsewhere as evidenced by its re-appearance in unusual existence exceeding limits of the stomach with development of new unusual symptoms [2,3]. More efficient, economic and friendly drugs need to be developed.

Dietary vinegar (acetic acid 5%) has been recently demonstrated as dramatic, effective and decisive solution for all the challenges and medical problems related to *H. pylori* including eradication and recurrence. The vinegar therapy is simply based upon a definite pathophysiologic principle making it worthy to change the world attitude in dealing with the challenge known as *H. pylori* [2,4].

Conclusion

Parents should be aware and careful lest their children should pay an expensive bill of the parent's antibiotic abuse or misbehavior in food habits.

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