## 14<sup>th</sup> International congress of Medical Lab. and Clinic

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**Oral or Poster presentation Code: 176** 

Investigating the rapid diagnostic value of fecal Helicobacter compared to the endoscopic method in diagnosing patients with gastric ulcer, indigestion and gastritis without ulcer.

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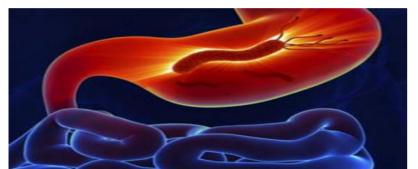
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#### Introduction

The isolation of Helicobacter pylori from clinical specimens by Marshall and Warren 15 years ago launched revolutions in gastroenterology and microbiology .Active Helicobacter Pylori (HP) infection can be diagnosed by invasive (biopsy based) or non-invasive methods, such as stool antigen testing.



# **Abstract**: Background: The isolation of *Helicobacter pylori* from

clinical specimens by Marshall and Warren 15 years ago launched revolutions in gastroenterology and microbiology .Active Helicobacter Pylori (HP) infection can be diagnosed by invasive (biopsy based) or non-invasive methods, such as stool antigen testing.

**Materials and Methods:** Thirty adults with dyspepsia referred for endoscopy provided a feces sample for testing and had biopsies taken. Patients were considered H pylori positive if invasive tests were positive. Fecal samples were collected from same patients and were tested for fecal antigen of H.Pylori rapid test.

**Results:** The sensitivities and specificities of the Rojan Azma.. H.pylori antigen kits(rapid immunochromatography method) when compared with Endoscopic based diagnosis were, 99.9 %, 98.1%, respectively.

**Conclusion:** The rapid diagnostic test of fecal Helicobacter may be considered as an alternative to urea breath testing in the initial diagnosis of patients with dyspepsia who do not require immediate endoscopy. Fecal testing has the potential advantages of being simple to perform, relatively cheap, and samples can be submitted directly from primary care and performed with least available hardware and trained personal.

Keywords: Helicobacter pylori, Fecal, Rapid test

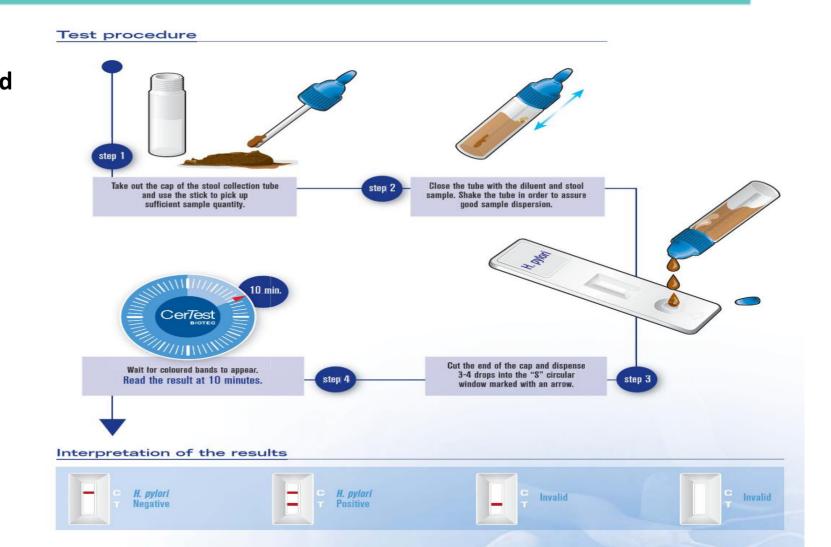
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Material & Method

Thirty adults with dyspepsia referred for endoscopy provided a feces sample for testing and had biopsies taken. Patients were considered H pylori positive if invasive tests were positive. Fecal samples were collected from same patients and were tested for fecal antigen of H.Pylori rapid test.



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#### Results

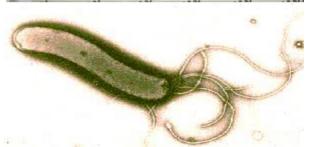
The sensitivities and specificities of the Rojan Azma.. H.pylori antigen kits(rapid immunochromatography method) when compared with Endoscopic based diagnosis were, 99.9 %, 98.1%, respectively.

# **Advantages:**

- **Simple**
- **❖**Specific
- **Sensitive**
- **❖**No need equipment
- not expensive







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# Conclusion

The rapid diagnostic test of fecal Helicobacter may be considered as an alternative to urea breath testing in the initial diagnosis of patients with dyspepsia who do not require immediate endoscopy. Fecal testing has the potential advantages of being simple to perform, relatively cheap, and samples can be submitted directly from primary care and performed with least available hardware and trained personal.