Gastroenterology and Hepatology From Bed to Bench.

LETTER TO EDITOR

Is it necessary to screen *Helicobacter pylori* infection in patients with celiac disease and iron deficiency?

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To The Editor

Early studies have not revealed a link between *Helicobacter pylori* and iron deficiency (1). A recent study from your journal revealed a significant association between *H. pylori* infection and iron deficiency anemia in patients with celiac disease. But the conclusion of this study was that *H. pylori* infection and iron deficiency anemia is poorly reflected in practice to celiac disease patients (2). However, I would like to highlight some points for more clarification of the issue. Long-term clinical outcomes were favorable to *H. pylori* eradication and provided evidence for a cause-effect relation between *H. pylori* and iron deficiency anemia (3). Mild enteropathy was common in patients with iron deficiency anemia and negative celiac disease serology. Final diagnoses in most patients with enteropathy were: gluten sensitive enteropathy with anemia, *H. pylori* infection with anemia, or bouth (4). *H. pylori* infection was considered a risk factor for anemia due to iron deficiency, mainly in children and adolescent groups with high iron requirements (5). In severe iron deficiency anemia, more than 50% of patients had an active *H. pylori* infection (6). Therefore, we recommend performing the screening for *H. pylori* infection in patients with celiac disease and iron deficiency.

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