## **Letter to Editor**

## Helicobacter pylori: Indian perspective

Sir,

We read with interest the article "Epidemiology and pattern of antibiotic resistance in *Helicobacter pylori*: Scenario from Saudi Arabia," by Rizwan *et al.* reviewing the epidemiology of antibiotic resistance in *H. pylori* in Saudi Arabia<sup>[1]</sup> In this context, we would like to share our experience. In the review, the authors mentioned that in developing countries the infection is more prevalent in children as compared with that in adults. They also stated that there may be variations between people of different ethnic groups, age, and gender within the same country.<sup>[1]</sup>

In our study, we found the presence of *H. pylori* in approximately 62% of gastritis cases by using different staining modalities.<sup>[2]</sup> Majority of the cases in our study groups were adults. We found that routine hematoxylin stain with special stains such as modified Giemsa and Warthin–Starry can detect *H. pylori* in a reliable manner. However, with the help of immunohistochemistry, the detection rate of *H. pylori* was improved as many coccoid forms were also detected.<sup>[2,3]</sup>

Recently, we studied the followup data available for 31 patients with positive detection of *H. pylori*. The duration of followup was from less than one year to five years. However,

none of these patients had documentation of development of any further malignancy such as gastric adenocarcinoma or lymphoma.

Nevertheless, we believe that detection of *H.pylori* is important for clinicians as well as pathologists.

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