Resistant form of helicobacter pylori in development of stomach MALT lymphoma

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Introduction: The discovery of H. Pylori and the proof of its leading role in the development of most gastrointestinal diseases has radically changed the approach to their treatment. The main reason for the ineffectiveness of current treatment program is based on a point mutation of the genome HP and uncontrolled use of modern antimicrobial drugs.

Methods: We studied 20 patients with diagnosis of tumor in the stomach. Age ranged from 25-69 years, with an average of 47.1 ± 0.4 years. The men were 14 (60.8%), 6 women (39.2%). The diagnosis was verified by morphological and immunophenotypic study of biopsies. Helicobacter pylori determined by PCR. Resistance to HP determined by microbiological examination. Seedings processed in accordance with the method of cultivation. For adequate comparison of the results of the control group consist of 20 patients with chronic atrophic gastritis and 20 patients with gastric ulcer.

We examined all patients for detection of HP gastric juice.

Results: The first group consisted of 20 patients with gastric MALT lymphoma. In the history of all patients conducted eradication treatment for HP by antibiotics such as metronidazole, clarithromycin, and amoxicillin. Bacteriological analysis of 20 patients of 1st group in 11 (55%) patients sensitivity to clarithromycin was not observed. To metronidazole we observed a low sensitivity (+), sensitivity to amoxicillin was medium (++). For Tetracycline and levofloxacin the sensitivity was high (+++). 6 (30%) patients low sensitivity of clarithromycin (+). To metronidazole and amoxicillin no sensitivity (-). Tetracycline, we observed an average sensitivity (+) and to levofloxacin high sensitivity (+++). In 3 (15%) patients in the same group for metronidazole and clarithromycin sensitivity was not observed. For the rest of the antibiotics: amoxicillin, tetracycline and levofloxacin sensitivity was moderate (+). 2nd group – 20 patients with chronic atrophic gastritis. The average age of 46.5 ± 0.9 years. Bacteriological in 9 (45%) patients to clarithromycin and metronidazole has low sensitivity (+), no sensitivity for amoxicillin (-). Tetracycline medium sensitivity (+) and high sensitivity to levofloxacin (+++). 6 (30%) patients of the second group no sensitivity to clarithromycin, metronidazole and amoxycillin (-). Tetracycline and to levofloxacin we observed high sensitivity (+++). In 5 (25%) patients to clarithromycin, metronidazole, amoxicillin and levofloxacin sensitivity was low (+) and tetracycline sensitivity was moderate (+). 3rd group – 20 patients with stomach ulcer. Bacteriological in 13 (65%) patients to clarithromycin, metronidazole had an average sensitivity (+++) to amoxicillin, tetracycline, and to levofloxacin observed high sensitivity (+++). In 3 (15%) patients of the third group to clarithromycin and metronidazole had a high sensitivity (+++). To amoxicillin, tetracycline and levofloxacin observed mild sensitivity (+). In 4 (20%) patients in this group to clarithromycin, amoxicillin, tetracycline and levofloxacin has high sensitivity (+++). Metronidazole, we observed a low sensitivity (+).

Conclusion: Long-term use of antibiotics for resistant forms of HP besides ineffective against the disease, contribute to the development of local and general disturbances of the immune status. Availability of treatment-resistant forms of HP accelerates proliferation and dysplasia, which leads to the development of neoplasms.