

While Barrett's esophagus and *H. pylori* are both associated with carcinogenesis, rarely are they observed together.

Background

- Barrett's esophagus (BE) is a consequence of poorly-controlled GERD leading to intestinal metaplasia
- BE predisposes to esophageal cancer
- *H. pylori* is linked to gastric cancer
- Negative association between *H. pylori* and risk of BE

Case Description

- 54-year-old woman referred for one month of dysphagia
- Also endorsed long-standing heartburn and belching
- EGD: 5 cm segment of circumferential salmon-colored mucosa suspicious for BE, one small esophageal ulcer
- Gastric biopsies: mild gastritis, *H. pylori*
- Esophageal biopsies: intestinal metaplasia, *H. pylori*
- Started quadruple therapy with metronidazole, tetracycline, omeprazole, and bismuth

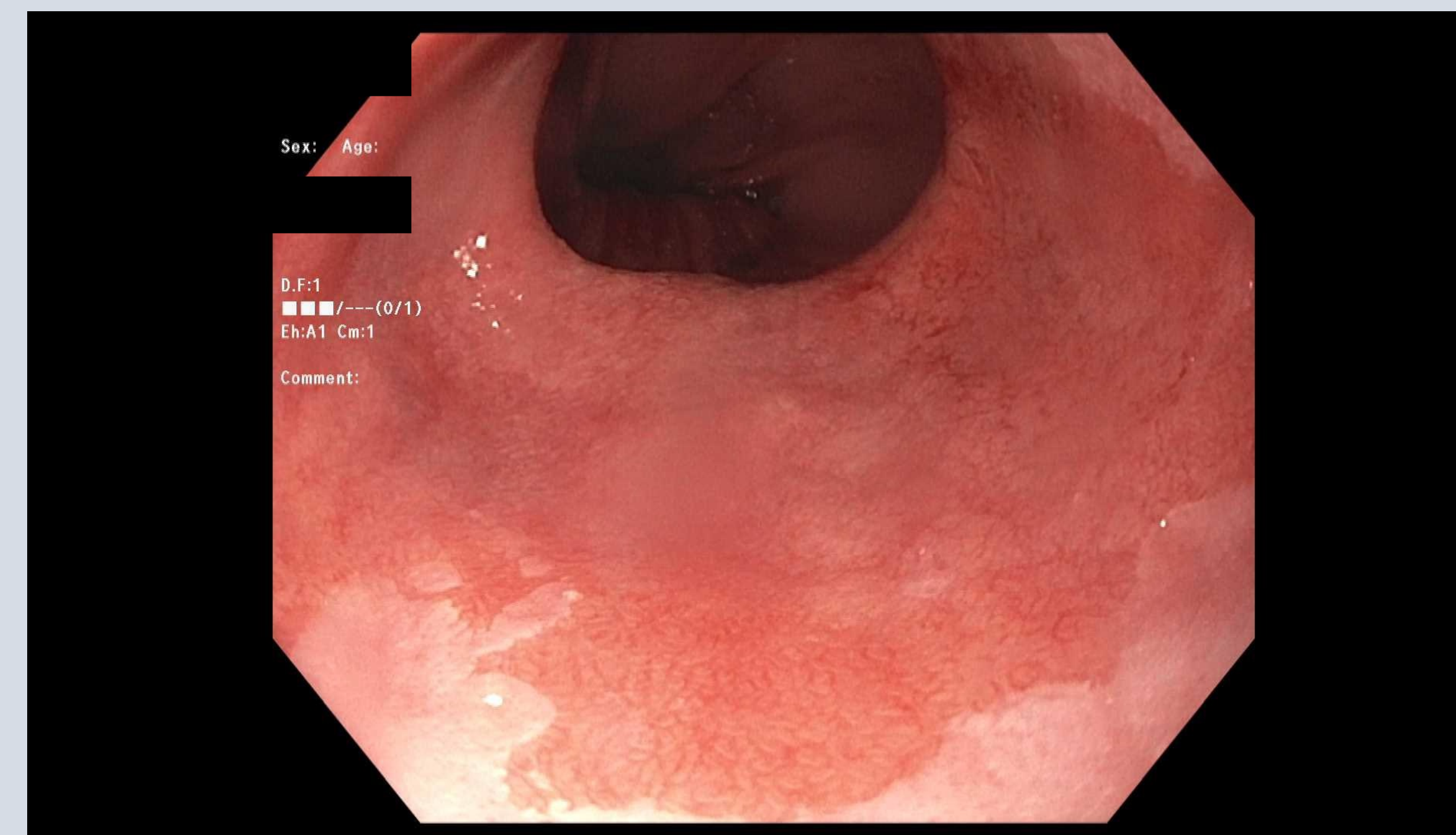


Figure 1. Esophagoguodenoscopy (EGD) image of 5 cm circumferential salmon mucosa consistent with Barrett's esophagus.

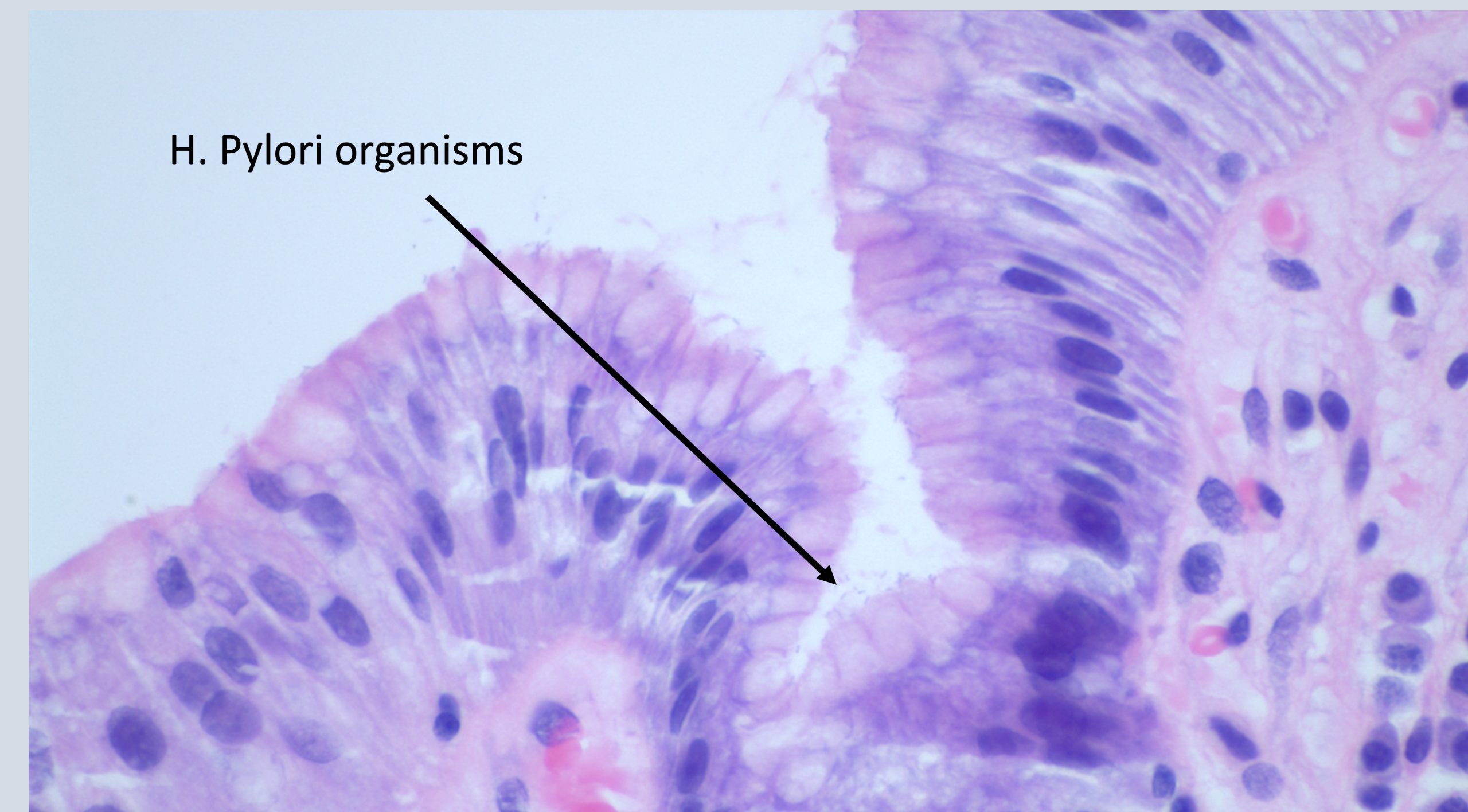


Figure 2. Hematoxylin and eosin (H&E) stain of esophageal mucosa demonstrating intestinal metaplasia and *H. pylori* organisms.

Discussion

- Existing evidence suggests an inverse association between *H. pylori* and BE
 - *H. pylori* may protect against BE via decreased acid production
 - A recent meta-analysis demonstrated this association disappeared in active GERD
- BE may have been present long prior to infection
- *H. pylori* within BE mucosa is even rarer. Has a predilection for gastric mucosa
- GERD may have allowed the *H. pylori* to reflux upward
- Possible satellites of gastric mucosa within the BE
- More observation needed to determine significance and long-term effects of active *H. pylori* infection in BE

References

- Fischbach LA, et al. Association between *Helicobacter pylori* and Barrett's esophagus: a case-control study. *Am J Gastroenterol*. 2014 Mar;109(3):357-68
- Wang Z, et al. *Helicobacter pylori* Infection Is Associated With Reduced Risk of Barrett's Esophagus: An Analysis of the Barrett's and Esophageal Adenocarcinoma Consortium. *Am J Gastroenterol*. 2018 Aug;113(8):1148-1155