

the correlation between diffuse spotty redness in the greater curvature of stomach body and CLOtest

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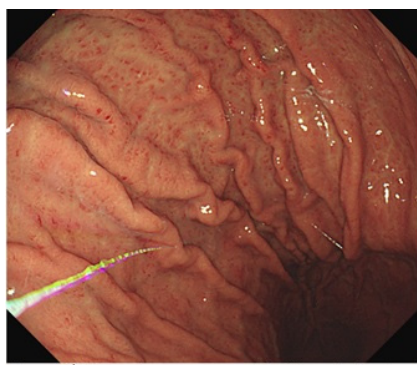
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Background/Aims: Stomach cancer is the leading solid tumor in Korea. *Helicobacter pylori* is a recognized Group 1 carcinogen by international agencies, and spontaneous clearance is rare. Therefore, there is increasing recognition of the need for selective testing of *H. pylori* presence in patients with chronic gastritis. This study aims to investigate the correlation between *H. pylori* infection and the diffuse spotty redness in the greater curvature of stomach body. Understanding this correlation could potentially expand *H. pylori* testing to patients with chronic gastritis for early detection and treatment.

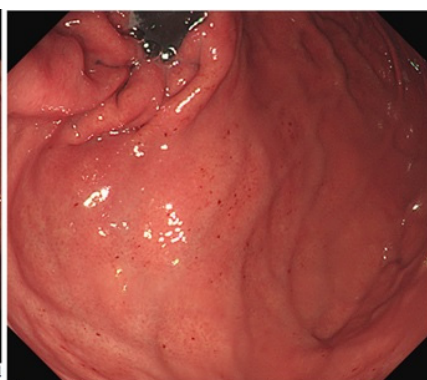
Methods: Between March 25th and May 24th, 2021, a two-month study was conducted at Busan Medical Center on patients who underwent gastroscopy. During this period, a total of 60 patients exhibited spotty redness in the greater curvature of the stomach body (Figure 1). Two patients who refused the CLOtest were excluded from the study. The correlation between the CLOtest results and the remaining 58 subjects was investigated.

Results: Out of the remaining 58 patients, 50 tested positive, and 8 tested negative, resulting in an 86.2% positivity rate. When reevaluating endoscopic images and mucosal lesions in the 58 subjects, it was difficult to diagnose two individuals as having a typical diffuse spotty redness appearance. Therefore, out of the remaining 56 patients, 50 tested positive for the CLOtest, resulting in an 89.3% positivity rate for patients with spotty redness (Table 1).

Conclusions: Detecting diffuse spotty redness in the greater curvature of the stomach body during gastroscopy can assist in deciding whether to perform a CLO test. These lesions indicate potential *Helicobacter pylori* infection in 89.3% of cases. Diagnosing the lesions may involve subjective criteria, but it is believed that learning the typical characteristics of the patterns by these endoscopy specialists makes discrimination not so challenging. For example, *H. pylori*-induced mucosal damage during endoscopic examination presents as slightly rougher and edematous mucosa with irregularly sized spotty redness (Figure 1). Conversely, the mucosa around spotty lesions of the pyloric area displays normal features (Figure 2).



Figure_1) edematous mucosa with irregularly sized spotty redness in the greater curvature of stomach body.



Figure_2) the mucosa around spotty lesions of pyloric area

endoscopic diagnosis	CLOtest positive	CLOtest negative	number
chronic gastritis	23	0	23
atrophic gastritis /c intestinal metaplasia	2	1	3
atrophic gastritis	9	1	10
nodular gastritis	6	0	6
atrophic gastritis /c nodular change	7	2	9
atrophic gastritis /c rugal hypertrophic gastritis	1	1	2
rugal hypertrophic gastritis	1	0	1
atrophic gastritis, duodenal ulcer(or scar)	1	1	2
total	50	6	56

Table1.