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**ERADICATION OF *HELICOBACTER PYLORI* INFECTION (*HP-I*) IN THE NATURAL HISTORY OF CHRONIC OPEN-ANGLE GLAUCOMA (COAG)**

<sup>1</sup>Kountouras J, <sup>2</sup>Mylopoulos N, <sup>1</sup>Chatzopoulos D, <sup>1</sup>Zavos C, <sup>1</sup>Boura P, <sup>3</sup>Konstas A, <sup>4</sup>Venizelos I

<sup>1</sup>Dept. of Internal Medicine, Division of Gastroenterology, IInd Medical Unit, Aristotle University of Thessaloniki, Ippokration Hospital, Thessaloniki, Greece, <sup>2</sup>Dept. of Ophthalmology, Ippokration Hospital, Thessaloniki, Greece, <sup>3</sup>University Dept of Ophthalmology, AHEPA Hospital, Thessaloniki, Greece, <sup>4</sup>Dept of Pathology, Ippokration Hospital, Thessaloniki

**INTRODUCTION:** Laucoma is a multifactor, progressive and non-reversible optic neuropathy. Recently a high prevalence of *HP-I* was observed in a Greek cohort wqith COAG (Kountouras J, et al. Ophthlmology 2001; 108:599-604). The aim of the present study was to examine: a) baseline visual field parameters included Corrected Loss Variance (CLV) and Mean Defecr (MD) in *HP* (+) patients with COAG and, b) how *HP* eradication affects Intraocular Pressure (IP) in these *HP* (+) patients prior, and after one and two years posteradication regi-

men {[Clarithromycin 500mg, Amoxycillin 1g, Omeprazole 20mg) b.i.d.] for 7 days, followed by Omeprazole 20mg daily for 1 month}.

**PATIENTS-METHODS:** 36 *HP* (+) patients with COAG were included. Diagnosis was based on histologic detection of *Hp* by Crezyl fast violet and Giemsa staining and by rapid urease test (CLOtest) in gastric mucosa and saliva. Additionally, serum anti-*HP* specific IgG was analyzed by ELISA.

**RESULTS:** 36 out of 36 (83.3%) patients eradicated *HP* (Group A), while the other 6 (16.7%) patients remained positive In Group A, the mean CLV value was significantly higher than that in Group B ( $12.8 \pm 17.3$  vs  $2.9 \pm 3.27$  dB,  $P=0.044$ ). Similarly, in Group A the mean MD value was significantly in Group A in the first ( $P=0.005$ ) and second ( $P=0.0007$ ) year. In contrast, the IP remained stable in Group B during the same period ( $P > 0.05$ ).

**CONCLUSIONS:** There results show, for the first time, a possible causal relationship between *HP-I* and COAG. Future confirmation of this relationship might have a major impact in COAG management, since *HP-I* can be eradicated by short-term regimen with low re-infection rate.