

HELICOBACTER PYLORI INFECTION AND DISEASE ACTIVITY IN PULMONARY GRANULOMATOSIS WITH POLIANGITIS (GPA)

K. Zycinska, R.Krupa, M. Hadzik-Błaszczyk, A. Nitsch-Osuch, T.M.Zielonka K.A.Wardyn

Systemic Vasculitis Outpatient Clinic

Department of Family Medicine, Internal and Metabolic Diseases, Medical University of Warsaw, Stępińska 19/25, 00-187 Warszawa, Poland, Tel./Fax: +48 22 318 63 25, e-mail: kzcinska@poczta.fm

Granulomatosis with poliangiitis (GPA) is a clinicopathologic entity of unknown origin characterized histologically by necrotizing granulomatous angitis affect any organ system, most commonly involves the upper, lower respiratory tract and kidneys. but also gastrointestinal tract.

Granulomatosis is a disease which requires the long-term use of steroids and NSAIDs, because of this patients with GPA frequently developed gastroduodenal mucosal lesions and concomitant *Helicobacter pylori* infection. The aim of the study was to assessed the impact of *H. pylori* infection on clinical features in patients with GPA under medication with non-steroidal anti-inflammatory drugs, steroidal drugs, and cyclophosphamide. 66 patients with systemic GPA were tested for presence of *H. pylori* infection (urease test) in gastroduodenoscopy. 45 patients were *H. pylori* positive, 21 patients were *H. pylori* negative. Severity of disease, prevalence of gastroduodenal lesions and the type and treatment duration seem to depend upon *H. pylori* infection .