

LETTER TO THE EDITORS

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Corpus-active gastritis with focal atrophy and parietal cell hyperplasia related to long-term use of omeprazole

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Sirs: We read with great interest the article by Stolte et al. that recently appeared in your journal [6]. The authors present a very interesting case of corpus gastritis with autoaggressive features, probably triggered by *Helicobacter pylori*, and partial gland atrophy, in the absence of demonstrable parietal or intrinsic factor autoantibodies. Moreover, they demonstrate normalization of corpus gland and regression of inflammation after eradication of *H. pylori*.

As a highly characteristic omeprazole-related change, parietal cell hyperplasia (PCH; a lesion first described by one of the authors of the article under scrutiny [4]) was also graded (Table 1) and is well illustrated in their Figs. 1 and 2 (Fig. 3 shows focal remnants of PCH).

In their highly interesting discussion the authors do not discuss PCH further, as this lesion is not the main focus of their paper. Nonetheless, as Stolte et al. state that the histological picture of their case "... is identical with that of active autoimmune gastritis without severe atrophy of the corpus glands but with parietal cell antibodies in the serum ...", one could argue that PCH is the histological distinguishing feature of their case, as opposed to autoimmune corpus gastritis.

PCH is not exclusive of long-term PPI treatment although in patients treated with omeprazole its presence

has been used to check on patients' compliance with therapy [5]. PCH has been described in such diverse situations as Zollinger-Ellison syndrome, *H. pylori* gastritis, morbid obesity, and gastric cancer [1–3], but not, to the best of our knowledge, in autoimmune corpus gastritis.

The case presented by Stolte et al. teaches us two important lessons. First, the necessity of obtaining gastric mucosa samplings in order to rule out *H. pylori* infection in patients with hiatus hernia-reflux oesophagitis before the institution of omeprazole treatment. Second, the authors have convincingly demonstrated the possibility of reversing corpus atrophy after eradication of *H. pylori*.

References

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