

Functional Dyspepsia with *Helicobacter pylori* Infection

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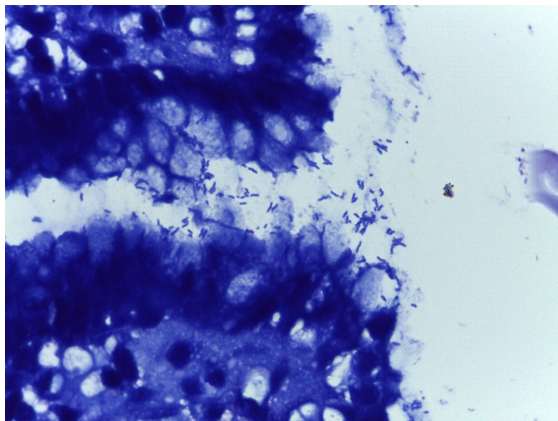


Figure 1. Histopathological finding of *Helicobacter pylori* in gastric specimen with Giemsa staining (1000x magnification)

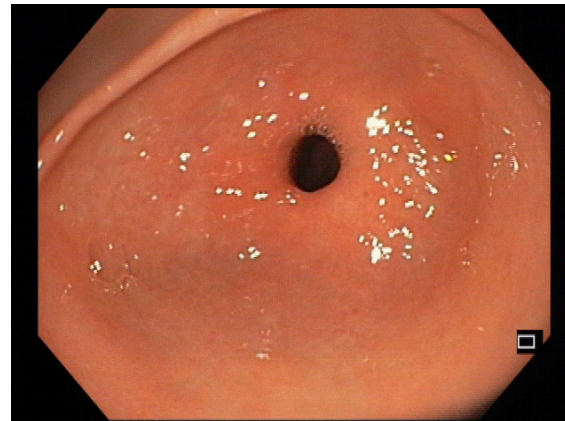


Figure 2. Endoscopic view of mild antral gastritis

Helicobacter pylori infection is commonly found worldwide.^{1,2} In Indonesia, the prevalence of *H. pylori* infection is 22.1%.³ The bacteria are responsible for gastritis, peptic ulcer disease (PUD), and gastric cancer.^{4,5} *Helicobacter pylori* may also have a role in functional dyspepsia.¹ Diagnostic approach consists of noninvasive and invasive examinations. One of the invasive strategy is upper gastrointestinal (UGI) endoscopy and gastric mucosa biopsy.¹

A 26-year old woman came to outpatient clinic with chief complaint of dyspepsia since 3 months ago. She felt epigastric pain. She underwent UGI endoscopy and revealed mild antral gastritis. Gastric biopsy showed *H. pylori* in abundance. We treated the patient

with triple therapy of amoxicillin 2x1000 mg, clarithromycin 2x500 mg, and omeprazol 2x20 mg for 14 days.

In conclusion, *H. pylori* infection should be considered in patients with functional dyspepsia. Treatment should be initiated as soon as possible with the recommended regimens to eradicate the bacteria and prevent complications of PUD and gastric cancer in the future.

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