



IMAGE OF THE MONTH

Helicobacter heilmannii s.l. and peptic ulcer disease – A rare cause

Helicobacter heilmannii s.l. y úlcera péptica, una causa rara

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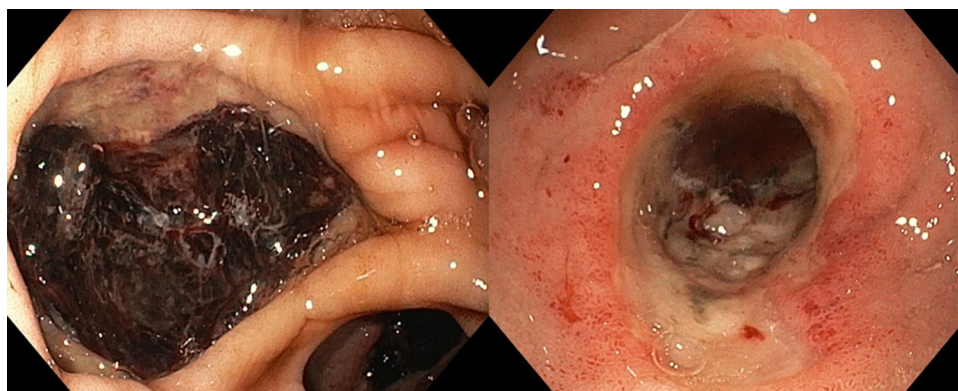


Figure 1 Prepyloric gastric ulcer, Forrest IIb (left); circumferential duodenal ulcer Forrest IIc (right).

We present a case of an 82-years-old woman, previously autonomous. In January 2019, she was admitted in emergency room for epigastric pain and hematemesis. An upper endoscopy was performed, diagnosing one deep gastric ulcer, prepyloric (Forrest IIb), measuring about 50 mm, and another duodenal ulcer (Forrest IIc), circumferential that extended between pylorus and D2 (Fig. 1). The patient was hospitalized and treated with proton pump inhibitor.

The gastric ulcer endoscopic and histologic follow up, showed a progressive improvement (Fig. 2) and no

evidence of malignancy, respectively. However, only in the third biopsy samples was demonstrated the presence of *Helicobacter heilmannii sensu lato* (*H. heilmannii* s.l.) bacterium (Fig. 3). Patient was treated with quadruple eradication therapy.

Currently, upper endoscopy showed the gastric ulcer resolution and histologic samples confirmed the eradication of the bacteria. Patient is asymptomatic.

H. Heilmannii s.l. is a non-*H. Pylori* helicobacter that may be considered a zoonosis.¹ Despite its low prevalence (<1%) in humans, this pathogen has been reported to cause peptic ulcer, gastric MALT-lymphoma and gastric carcinoma; and gastric symptom.¹⁻²

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Figure 2 Prepyloric gastric ulcer, almost complete, resolution after 3 months endoscopic follow up.

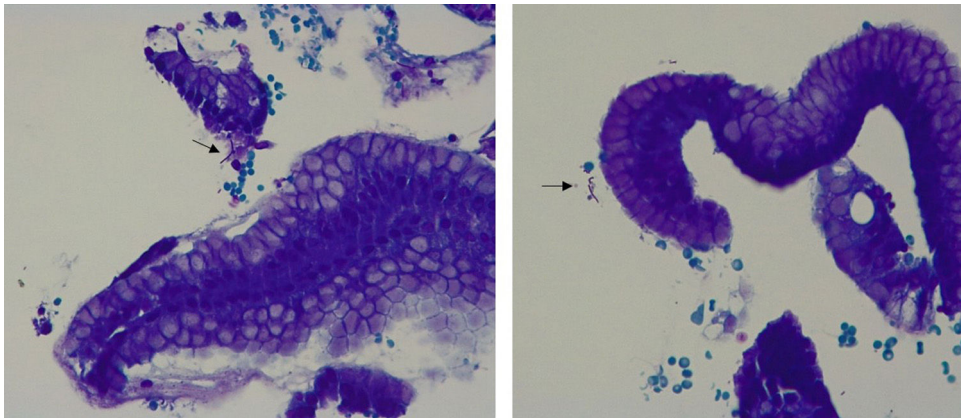


Figure 3 Gastric biopsy samples with bacteria lengthier than *H. pylori*, stained with modified giemsa (400 \times), corresponding to *Helicobacter heilmannii* S.l. specimens (arrows).

The authors highlight this case for its rarity and to reinforce the importance of repeating gastric ulcers.

Acknowledgments

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References

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