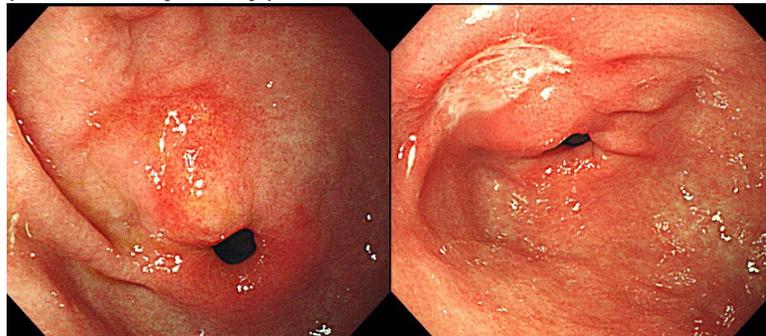


A case of cytomegalovirus gastritis

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Introduction: Cytomegalovirus(CMV) infection cause substantial morbidity and mortality in immunocompromised host such as recipients of transplant and human immunodeficiency virus infected individuals. CMV infection can involve any part of organ and CMV gastritis usually cause non-specific symptoms. We present a case of CMV gastritis with endoscopic feature of erythematous erosion which progressed into gastric ulcer. **Case report:** A 59-year-old woman receiving methotrexate 15mg per week, cyclosporin 100mg and prednisolone 5mg daily for rheumatoid arthritis was referred to our hospital due to multiple polypoid lesions on esophagogastrroduodenoscopy(EGD) which was done for screening. Multiple biopsies were done and results were chronic inflammation. After 6 weeks, follow up EGD showed erythematous erosion of lesser curvature(LC) side of antrum where biopsy yielded regenerative atypia. Previous multiple polypoid lesions were not seen. After 3months, follow up EGD was done and previous erythematous erosion progressed into gastric ulcer. This time, biopsy revealed CMV. The patient was treated with IV ganciclovir 250mg per day for 21days and discontinued methotrexate, cyclosporin. After 21days of treatment, follow up EGD was done and showed improvement of gastric ulcer. **Discussion:** CMV infection should also be considered in patients taking immunosuppressive drugs. Also, even if biopsy reveal benign features, suspicious lesions should be closely monitored and repeated biopsy is needed.



Co-use of aspirin and clopidogrel are associated with a lower success rate of H.pylori eradication

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Background/Aims: The patients taking antiplatelet agents may expose to peptic ulcer disease which is one of indication for Helicobacter pylori (H. pylori) eradication. We aimed to evaluate the clinical risk factors including co-medication such as antiplatelet agents associated with failure for H. pylori eradication. **Methods:** A total of 1579 patients (63.0% male) received clarithromycin based tripe therapy (PAC) and underwent 13C-urea breath test (UBT) over 14 years. We collected information about demographic features, underlying co-morbidities, medication history and history of exposure to antibiotics within 6 months. We analyzed the risk factors associated with H. pylori eradication failure. **Results:** Among 1579 patients, there was eradication failure in 364 patients (23.1%). Age > 65 (aOR 1.393, $p=0.015$), co-use of aspirin and clopidogrel (aOR 3.514, $p=0.004$), history of antibiotic use within 6 months (aOR 9.684, $p<0.001$) and endoscopic finding without non-gastroduodenal ulcer, aOR 1.495, $p=0.002$) were independently associated with the eradication failure. The rate of eradication failure tended to increase with increasing number of the above-mentioned risk factors (p for trend < 0.001). **Conclusion:** Co-use of aspirin and clopidogrel were associated with the risk of eradication failure for H. pylori. Besides, Old age, recent history of antibiotic use, and endoscopic finding without gastroduodenal ulcer were associated with eradication failure for H. pylori. It is necessary to find the treatment strategy to increase the efficacy for H. pylori eradication in patients with these risk factors.