20 year-old-woman was admitted to our clinic with dyspeptic symptoms. Her past medical history was unremarkable. Physical examination was normal and laboratory data were all within normal limits. Upper gastrointestinal endoscopic examination revealed antral diverticula with approximately 10 mm diameter (Figure 1). On the wall of diverticulum, there were fine nodular lesions indicating the presence of Helicobacter pylori (Hp) infection (Figure 2). Histological examination of biopsy from both antrum and diverticulum revealed severe Hp colonization. Thereupon, the patient received Hp eradication therapy for two weeks.

Hp is a gram-negative rod that infects the stomach and also has been found in gastric metaplasia within the duodenum, in gastric-type epithelium in Barrett’s esophagus, in heterotopic gastric mucosa within the rectum and in Meckel’s diverticulum.\textsuperscript{1} In developing countries, the prevalence of Hp infection may be as high as 80-90%.\textsuperscript{2}

Helicobacter Pylori Colonization in the Antral Diverticum: Original Image

Mide Antrum Divertikülünde Helikobakter Pilori Kolonizasyonu

---

**ABSTRACT** Diverticulae are frequent disorders of the gastrointestinal tract. Diverticulae are detected in colon, small intestine and esophagus in decreasing order. Gastric diverticulae are relatively rare and mainly involve fundus of the stomach. Diverticulum of the antrum has been very rarely reported and mostly occurred as a complication of ulcer, malignancy or surgery. Herein we have presented a case with congenital antral diverticulum whom also had nice appearance of Helicobacter pylori colonization.

**Key Words:** Helicobacter pylori ; diverticulum, stomach


**Anahtar Kelimeler:** Helikobakter pilori ; divertikül, mide

Turkiye Klinikleri J Gastroenterohepatol 2009;16(2):91-2

---

A 20 year-old-woman was admitted to our clinic with dyspeptic symptoms. Her past medical history was unremarkable. Physical examination was normal and laboratory data were all within normal limits. Upper gastrointestinal endoscopic examination revealed antral diverticula with approximately 10 mm diameter (Figure 1). On the wall of diverticulum, there were fine nodular lesions indicating the presence of Helicobacter pylori (Hp) infection (Figure 2). Histological examination of biopsy from both antrum and diverticulum revealed severe Hp colonization. Thereupon, the patient received Hp eradication therapy for two weeks.

Hp is a gram-negative rod that infects the stomach and also has been found in gastric metaplasia within the duodenum, in gastric-type epithelium in Barrett’s esophagus, in heterotopic gastric mucosa within the rectum and in Meckel’s diverticulum.\textsuperscript{1} In developing countries, the prevalence of Hp infection may be as high as 80-90%.\textsuperscript{2}
Gastric diverticula are most frequent in the juxta-cardiac region of the stomach and pyloric diverticula generally are rare, single, and usually acquired. The most frequent causes of diverticula are peptic ulcer disease, neoplasm and surgery, although an embryologic origin has also been described. Having young age and without history of those acquired etiologies thought us the diverticulum may be congenital in the present case.

REFERENCES