

Molecular Pathogenesis of *Helicobacter pylori* Infection

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There are three central questions in regards to *H. pylori* infection.

First, why are *H. pylori* infections prevalent in Korea?

Second, how does *H. pylori* infection lead to peptic ulcers, especially duodenal ulcers?

Third, how could *H. pylori* infection lead to stomach cancers?

Answers will be presented as follows.

Deficiency of anti-oxidants, especially vitamin C due to socio-psychological stress predispose people vulnerable to *H. pylori* infection in children.

H. pylori infection does aggravate the vitamin C deficiency in the gastric mucosa. Urease of *H. pylori* does inactivate the sensory function of antral mucosa to pH of the gastric lumen. This induces hypersecretion of acid-pepsin and gastric metaplasia in the duodenal mucosa. Gastric metaplasia provides ecological niche favorable to *H. pylori* colonization. *H. pylori* does invade the epithelial cells up to lamina propria. This induces persistent inflammation in the gastric mucosa. *H.*

pylori has many antigens cross-reactive to gastric tissue as well as other human tissues. Therefore, *H. pylori* infection induces auto-immune hypersensitivity. The chronic inflammation in the gastric mucosa is the ultimate source of carcinogen, oxygen-free radicals.

How can we stop the chain of *H. pylori* infection?

Vaccine development and chemotherapy are not practical at this moment, and there are limited options available for the study of *H. pylori* with conventional bacteriological methods. Genomic and proteomic analyses at this laboratory up to now will be presented.

REFERENCES

- 1) Monograph of Gyeongsang National University College of Medicine, BK (Brain Korea) 21 *Helicobacter pylori* Research Center (1988-2000).