

USING NUCLEAR TECHNIQUES TO DETECT *HELICOBACTER PYLORI* INFECTION



Breath is sampled by blowing through a straw into a glass tube, and then putting the cap on the tube to seal it, or by blowing into a bag, depending on which method will be used to analyse the samples (tubes for analysis by isotope ratio mass spectrometry; bags for analysis by non-dispersive infrared spectroscopy).

(Photo: T. Ahmad, Pakistan)

Helicobacter pylori (*H. pylori*) is present in all countries the world over. More than 50% of the world's population harbour *H. pylori* in their upper gastrointestinal tract. It can negatively influence nutrition by affecting the uptake of iron and zinc and by increasing susceptibility to diarrhoeal disease. Beyond that, *H. pylori* is also a major cause of stomach diseases like chronic gastritis, and elevates the risk of developing stomach cancer.

The carbon-13 urea breath test is a quick and non-invasive diagnostic test to detect the presence of *H. pylori*. The patient drinks urea labelled with stable carbon isotopes (^{13}C) that is dissolved in orange juice or citric acid to make sure it coats the entire surface of the stomach, thereby improving the test's accuracy. If *H. pylori* is present, it metabolizes the urea and, after 30 minutes, produces carbon dioxide labelled with the stable carbon isotope ($^{13}\text{CO}_2$), which can be detected in the breath analysis (Fig. 8).

The IAEA has been undertaking research into *H. pylori* and its consequences for nutrition since 1999, and over the last 15 years, has worked with 25 low- and middle-income Member States to utilize and implement the carbon-13 urea breath test.

The IAEA is also continuing its research into the effect of *H. pylori* infection on gastric acid secretion and on iron and zinc absorption in asymptomatic individuals from developing countries. Gastric acid is essential for the conversion and absorption of micronutrients

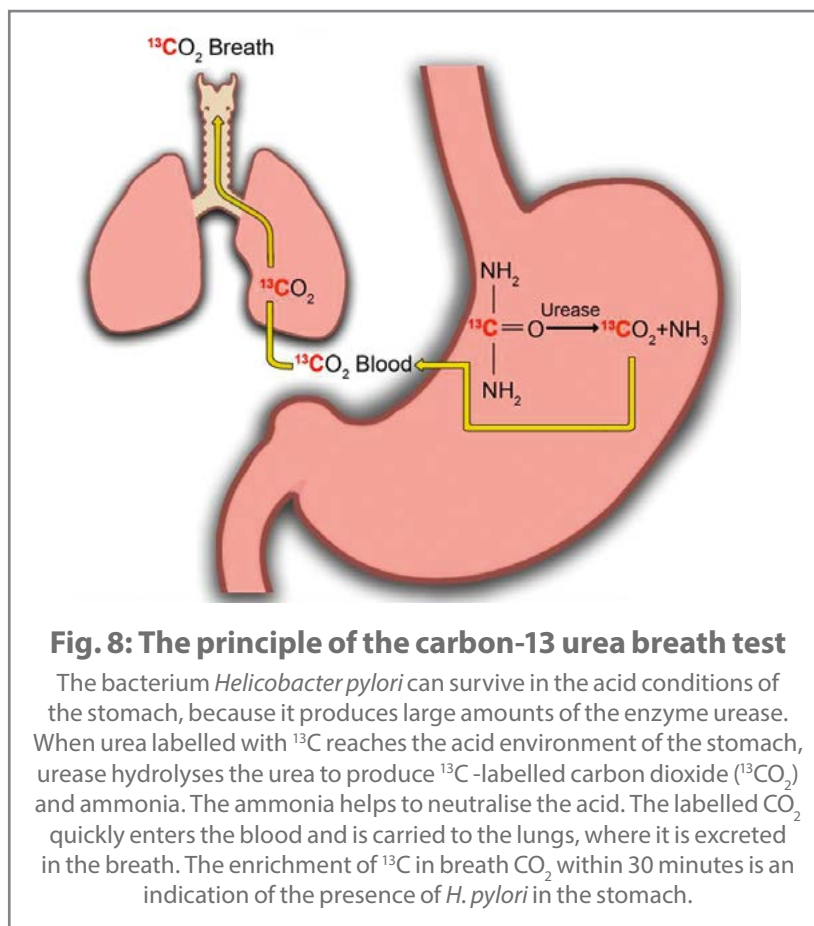


Fig. 8: The principle of the carbon-13 urea breath test

The bacterium *Helicobacter pylori* can survive in the acid conditions of the stomach, because it produces large amounts of the enzyme urease. When urea labelled with ^{13}C reaches the acid environment of the stomach, urease hydrolyses the urea to produce ^{13}C -labelled carbon dioxide ($^{13}\text{CO}_2$) and ammonia. The ammonia helps to neutralise the acid. The labelled CO_2 quickly enters the blood and is carried to the lungs, where it is excreted in the breath. The enrichment of ^{13}C in breath CO_2 within 30 minutes is an indication of the presence of *H. pylori* in the stomach.

such as iron and zinc. The IAEA is also testing a new non-invasive way to measure gastric acid secretion using stable isotopes.

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