anti-CagA antibodies according to the manufacturer’s instructions. Inter-rater agreement was calculated as kappa (k) value.

Results: A significant inter-rater agreement between both test systems (k = 0.592, p = 0.043) for anti-CagA detection was observed. As shown in table immunoblot system identified extra 59 positive cases.

<table>
<thead>
<tr>
<th>Anti-CagA (Immunoblot)</th>
<th>Negative</th>
<th>Positive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-CagA (ELISA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td>88</td>
<td>59</td>
<td>147</td>
</tr>
<tr>
<td>Positive</td>
<td>2</td>
<td>154</td>
<td>156</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>213</td>
<td>303</td>
</tr>
</tbody>
</table>

Conclusions: Both test system has good inter-rater agreement, but immunoblot maybe considered as more sensitive test system for detection of CagA status. Further research comparing the data for Hp infection status and clinical outcome is necessary. Questionable remains time period in which anti-CagA disappear after eradication of HP.

Abstract no.: P10.18

PROBE4PYLORI®: A NEW KIT FOR THE RAPID DETECTION OF H. PYLORI AND ASSOCIATED CLARITHROMCYCIN RESISTANCE IN GASTRIC BIOPSYES

L. Cerqueira,1,2 R. M. Fernandes,3 R. M. Ferreira,1 M. Oleastro,1 F. Carneiro,1,2,4,5 C. Brandão,1,3,6 P. Pimentel-Nunes,1,3,6 M. Dinis-Ribeiro,1,3,6 C. Figueiredo,1,3 C. W. Keevil,17 M. J. Vieira* and N. F. Azevedo.21

¢IBB – Institute for Biotechnology and Bioengineering, Centre of Biological Engineering, University of Minho, Braga, Portugal; IPATIMUP – Institute of Molecular Pathology and Immunology of the University of Porto, Porto, Portugal; ‘National Institute of Health Dr. Ricardo Jorge, Avenue Padre Cruz, Lisbon, Portugal; ‘Faculty of Medicine of the University of Porto, Porto, Portugal; ‘Centro Hospitalar São João, Department of Pathology, Porto, Portugal; ‘Department Gastroenterology, Portuguese Oncology Institute Porto, Porto, Portugal; ‘Environmental Healthcare Unit, School of Biological Sciences, University of Southampton, Southampton, UK; ‘LEPAE, Faculty of Engineering, University of Porto, Porto, Portugal

In this study an evaluation of Probe4Pylori®, a previously established PNA-FISH diagnostic test for H. pylori clarithromycin resistance in paraffin embedded gastric biopsies was performed and compared against culture followed by E-test and PCR. The Probe4Pylori® showed very promising results with values of sensitivity (80%) and specificity (approximately 90%) for the patients harboring clarithromycin-resistant H. pylori. Due to the fact that different biopsies from the same patient were used for culture and for molecular methods, the relatively low value of sensitivity can be explained by the heterogeneous distribution of H pylori cells in the stomach, as for some patients only one of the biopsies contained H. pylori. Furthermore, the results from Probe4Pylori® did not seem to be affected by previous treatments with antimicrobials and proton pump inhibitors. It is also the only method tested here that allows direct visualization of different H. pylori strains (resistant and susceptible). Future application of this kit will hopefully engage the administration of more adequate therapies to eradicate this bacterium.

Abstract no.: P10.19

THE HISTOLOGY AND RAPIDE UREASE TEST ASSOCIATION: A GOOD ALTERNATIVE OF UBT IN THE CONTROL OF POST THERAPEUTIC H. PYLORI ERADICATION

M. Boudjella, A. Tebbaliba, F. Mouffok, V. Saadaoui, N. Chiiali, M. Lahecne and N. Ouimnia

Algerian Laboratory Researcher on Helicobacter, Algeria, Algeria

Aim: To evaluate performance of Histology and Rapid Urease Test (RUT) association in the control of Helicobacter pylori (H pylori) post therapeutic eradication.

Patients and Methods: In this prospective study, H pylori testing was performed in 120 consecutive adult dyspeptic patients (mean age: 33.8; NUD: 53, DU: 67) not using proton pump inhibitors or antibiotics during the 4 weeks before testing. Each patient had had histology, RUT and UBT. H pylori was defined when UBT was positive and was absent when UBT was negative. All patients have been treated by different triple therapies. Twelve weeks after the end of therapy, they were reevaluated by the three tests. H pylori eradication was confirmed by the negativity of UBT.

Results: Sensitivity of UBT, histology, RUT were respectively 98.3% (95%CI: 90–99), 83.5% (95%CI: 74.5–90), 75.3% (95%CI: 65.3–83.2). Their positive predictive value (PPV) were respectively 91% (95%CI: 80.6–96.3), 100% (95%CI: 94–100), 97.3% (95%CI: 89.8–98.3). Sensitivity of histology and RUT association was 91% (95%CI: 80.6–96.3). Its PPV was 98.3% (95%CI: 90–99).

Conclusions: After treatment, the sensitivity of histology and RUT association was high while its PPV was good. Therefore, it can be a good alternative to UBT in the control of H pylori post treatment eradication.