Letters to the Editor

Authors response: Reply: Is there any association between proton pump inhibitors and fundic gland polyps?

Dear Editor,

Regarding to the letter sent by Fernández and Viola questioning the absence of a significant relationship between fundic gland polyps (FGPs) and proton pump inhibitors (PPIs) found on the data we presented in our article (1), we would like to make the following remarks: a) although our study includes over 6,000 esophagogastroduodenoscopies (EGDs) it has a retrospective design and a rather low number of FGPs (7,4% of all polyps found, a proportion similar to other European series), as pointed out by Fernández and Viola. b) We already mentioned in our paper possible sources of bias, mainly related to the study design (descriptive and retrospective), the low number of patients with FGP included and not being this association the primary objective of our study. We therefore agree with Fernández and Viola on the fact that the lack of a significant relationship in our series is not enough support to exclude its existence. c) A causal relationship between FGPs and PPIs is still a matter of debate on the literature, with data for (2,3) and against it (4). It should be taken into account that published series are based on heterogeneous populations (geographical areas, age...) and use various definitions of long term PPIs treatment. This fact might explain the striking different results seen on the literature, without implying *per se* methodological or design failures. d) We acknowledge that the work published by Zelter et al. (5), even including a lower number of EGDs, due to its prospective nature and specific design to address the relationship between FGPs and PPIs, offers results of remarkable importance on this issue. e) Nevertheless this study established as a secondary objective the relationship between FGPs

and *Helicobacter pylori* infection. Its results should be carefully considered, as disclosure of infection does not adjust to the standard of care (6,7), due to the lack of an adequate description of location and number of gastric biopsies without using other diagnostic test and without confirmation of PPI therapy cessation at least 15 days before endoscopy. f) We do appreciate the comments of Fernández and Viola on our paper and firmly believe future well designed prospective studies addressing the relationship between FGP and chronic use (over 1 year?) of PPIs or *Helicobacter* will properly answer these questions.

Francisco Javier García-Alonso, Rosa María Martín-Mateos
and Juan Ángel González-Martín

*Department of Gastroenterology. Hospital Universitario
Ramón y Cajal. Madrid, Spain*

References

1. García-Alonso FJ, Martín-Mateos RM, González-Martín JA, Foruny JR, Vazquez-Sequeiros E, Boixeda de Miquel D. Pólipos gástricos: análisis de características endoscópicas e histológicas en nuestro medio. *Rev Esp Enferm Dig* 2011;103:416-20
2. Jalving M, Koornstra JJ, Wesseling J, Boezen HM, De Jong S, Kleibeuker JH. Increased risk of fundic gland polyps during long-term proton pump inhibitor therapy. *Aliment Pharmacol Ther* 2006;24:1341-8.
3. Ally MR, Veerappan GR, Maydonovitch CL, Duncan TJ, Perry JL, Osgard EM, et al. Chronic proton pump inhibitor therapy associated with increased development of fundic gland polyps. *Dig Dis Sci* 2009; 54:2617-22.
4. Vieth M, Stolte M. Fundic gland polyps are not induced by pump inhibitor therapy. *Am J Clin Pathol* 2001;116:716-20.
5. Zelter A, Fernández JL, Bilder C, Rodríguez P, Wonaga A, Dorado F, et al. Fundic gland polyps and association with proton pump inhibitor intake: a prospective study in 1,780 endoscopies. *Dig Dis Sci* 2011;56:1743-8.
6. Asaka M, Kato M, Takahashi S, Fukuda Y, Sugiyama T, Ota H, et al. Guidelines for the management of *Helicobacter pylori* infection in Japan: 2009 Revised Edition. *Helicobacter* 2010;15:1-20
7. Calvet X, Lehours P, Lario S, Mégraud F. Diagnosis of *Helicobacter pylori* infection. *Helicobacter* 2010;15(Supl.):7-13.