

S u m m a r y

The aim of this work was to demonstrate the endoscopic and histologic features of gastric mucosa in patients with portal hypertension and its relation to *H. pylori* infection. To fulfill this aim twenty two patients with portal hypertension, and twenty apparently healthy persons were included.

The patients were subjected to the following :

- Full medical history taking .
- Thorough clinical examination .
- Routine laboratory investigations .
- Sigmoidoscopy and rectal snips examination for detection of schistosoma ova .
- Abdominal ultrasonography .
- Upper gastrointestinal endoscopy and two biopsies were taken, one from the antrum, and one from the body of the stomach .

The biopsies were stained with haematoxylin and eosin to detect the histologic changes, antral biopsies were stained with Giemsa stain to detect *H. pylori*.

* Endoscopic gastritis was found in twelve of twenty two patients with portal hypertension (55%) while in fourteen of twenty control subjects (70%), there was no significant statistical difference between the two groups ($p > 0.05$) .

Mosaic pattern was found in (23%) of patients with portal hypertension while in (15%) of the control group. There was no significant statistical difference between the two groups ($X^2 = 0.406$ $P > 0.05$). Mosaic pattern was not related to the severity of liver disease, histologic gastritis or presence of *H. pylori*.

Histologic gastritis was classified into superficial and atrophic gastritis. There was no significant statistical difference between the two groups in respect to histologic gastritis neither superficial nor atrophic. Histologic gastritis was not related to endoscopic gastritis, mosaic pattern, grade of oesophageal varices or severity of liver disease.

H. pylori was found in 27% of patients with portal hypertension, while in 25% of control group, with no significant difference between the two groups ($X^2 = 0.028$ $P > 0.05$). There was no statistically significant correlation between the presence of *H. pylori* and severity of liver disease, grade of varices, endoscopic gastritis, mosaic pattern or histologic gastritis.

In patients with portal hypertension five of the six cases with *H. pylori* were associated with moderate and severe antral atrophic gastritis. While in the control group, *H. pylori* was not associated with moderate or severe antral atrophic gastritis. Although the incidence of *H. pylori* was not increased in patients with portal hypertension, when present *H. pylori* was associated with severe antral gastritis.
