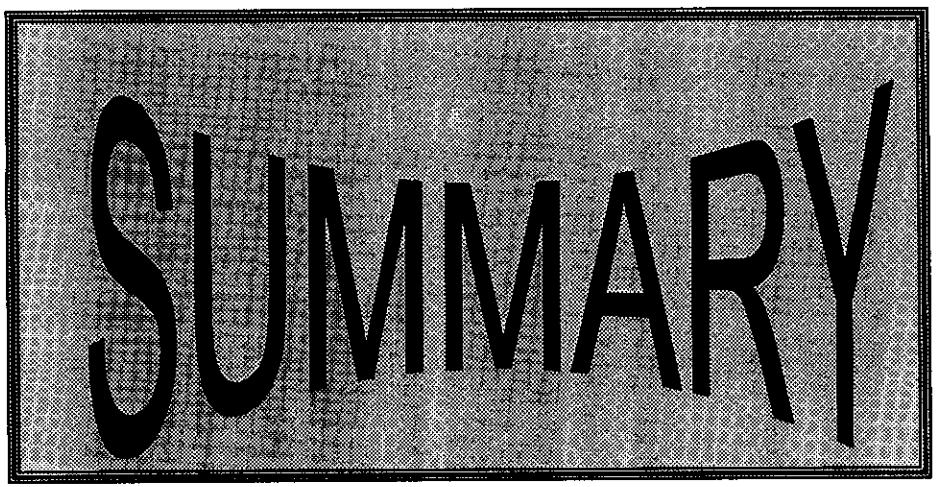
SUMMARY

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H. pylori was first identified in patients with chronic gastritis as a gram negative curved bacilli. After a decade of intensive research the causal relation of H. pylori with gastric disease is widely accepted.

The microbiology, epidemiology, pathogenicity and the diagnostic means of this bacterium have been reviewed in details in this study.

Association of H. pylori has been epidemiologically linked to some extradigestive conditions, including coronary heart disease which causes high morbidity and mortality in almost every ethnic group.

The histopathological features, the conventional risk factors and the clinical presentations of CHD have been reviewed in details in this study.

A large body evidence exists that implicates a number of microbial agents in the pathogenesis of CHD. The histopathology of astherosclerosis and its natural history suggest infectious causation a many points along the progression of disease.

The possible mechanisms by which H. pylori could lead to CHD

are the changes in lipids, thrombotic and acute phase protein metabolism.

In the present study the impact of H. pylori infection as an independent risk factor for CHD seems to be minor on the other hand the results are consistent with the hypothesis that H. pylori infection might modify the concentration of acute phase reactants and platelet counts in a way that could increase the risk of CHD.

The ubiquity and similar epidemiological features to CHD of H. pylori make the resolution of the causative issue impossible by retrospective means. All that can be shown a variety of weak link the significance of which can only be determined by large and perhaps lifetime prospective studies.