Summary

Ulcerative Colitis (UC) is an inflammatory bowel disease (IBD) of unknown etiology that is confined to the large bowel mucosa. It seems to be a multifactorial disorder involving both genetic and environmental components, particularly the bacterial gut micro biota ***(Adiana et al., 2004).***

Helicobacter species are divided into two subgroups. The better known gastric *Helicobacter* species, which preferably colonize the host's stomach, represent only one-third of the known species of Helicobacteraceae. The remaining two third of *Helicobacter* species are referred to as enterohepatic because they predominantly colonize the intestine and the hepatobiliary system ***(Ulrich et al., 2004).***

Recently, enterohepatic *Helicobacter* species have been discovered in inflammatory bowel disease (IBD) of rodents, carnivores, and primates. Although to date most research has focused on Helicobacter pylori infection in humans, evidence from animal studies and immunocopromised patients suggests that, other *Helicobacter* species exist in the large bowel. Several nongastric *Helicobacter* species have been reported to infect immunocompetent and immunocompromised humans, infection has been associated with gastroenteritis and in the case of two species, Helicobacter cinaedi and Helicobacter fennelliae; human infection has been associated with colitis and proctitis ***(Rachel et al., 1997).***

The aim of this work is to detect any relation between H.pylori gastritis and ulcerative colitis .This study was done on 30 patients already diagnosed as having ulcerative colitis 10 of them were in severe activity (7 used steroid and mesalasine, 2 used mesalasine alone and one used mesalasine, steroid and azathioprine) and 20 patients with mild disease

activity (all of them under treatment with mesalasine) in comparison with 10 subjects as control group. We studied the relation between H.pylori and ulcerative colitis by doing histopathological study of gastric and colonic biopsies and special staining (**Giemsa stain)** for detection of Helicobacter organisms.

Our study denoted that 36.7 of cases have H.pylori organism in their stomach while none of the controls show the organism in their stomach.

All patients with colonic H.pylori like organism had the H.pylori in their stomach.

No relation between presence of H.pylori either gastric or colonic and activity of Ulcerative colitis.

Also we noted that ulcerative colitis patients with positive H.pylori gastric samples are older than patients with negative samples (41.2 versus 25.5).

We can concluded that :

1) H.pylori gastritis is present in a good percentage of ulcerative colitis patients.

2) H.pylori like organism might be present in the colon of normal individuals and in patients with Ulcerative colitis.

3) All cases with colonic H.pylori like organism have gastric H.pylori.

4) No role of H.pylori either in the pathogenesis or the activity of Ulcerative colitis.

5) Ulcerative colitis patients with H.pylori gastritis are older than those without H.pylori gastritis.