

Cobalamin deficiency as an extra intestinal manifestation of *Helicobacter pylori* infection

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Abstract

We read with great interest the excellent review by Wong *et al* on extra intestinal manifestations of *Helicobacter pylori* (*H. pylori*) infection published in the journal. This is a well-documented and structured review. However, I believe that Wong *et al* failed to report the relationship between *H. pylori* infection and cobalamin.

Key words: Cobalamin deficiency; *Helicobacter pylori*;

Food-cobalamin deficiency; Oral cobalamin therapy

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Core tip: We read with great interest the excellent review by Wong *et al* on extra intestinal manifestations of *Helicobacter pylori* (*H. pylori*) infection published in the journal. This is a well-documented and structured review. However, I believe that Wong *et al* failed to report the relationship between *H. pylori* infection and cobalamin.

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TO THE EDITOR

We read with great interest the excellent review by Wong *et al*^[1] on extra intestinal manifestations of *Helicobacter pylori* (*H. pylori*) infection published in the journal. This is a well-documented and structured review. However, I believe that Wong *et al*^[1] failed to report the relationship between *H. pylori* infection and cobalamin. In fact, in our opinion, cobalamin [vitamin (B₁₂)] deficiency related to *H. pylori* infection is a well-studied hematological manifestation, comparable to iron deficiency. This is supported clinically by current guidelines^[2], several clinical studies on cobalamin deficiency^[3,4] and a therapeutic study^[5]. This latter study probably provides the most convincing arguments to support the role of *H. pylori* in the genesis of vitamin B₁₂ deficiency. The study of Andrès *et al*^[5] showed a correction between vitamin B₁₂ deficiency and an eradication treatment of *H.*

pylori (without any supplementation of cobalamin). *H. pylori* causes vitamin B₁₂ deficiency and related manifestations (macrocytic anemia or neurological manifestations) by food-cobalamin malabsorption^[3,4]. Pangastritis leads to decreased gastric acid, which impairs the release of vitamin B₁₂ from haptocorrin to the intrinsic factor. Thus, oral cobalamin therapy (not only intramuscular therapy) may be used to treat cobalamin deficiency related to *H. pylori* infection.

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