

## ***Helicobacter pylori* genotypes in Lithuanian patients with chronic gastritis and duodenal ulcer**

Jolanta Miciulevičienė, Henrikas Čalkauskas<sup>1</sup>, Laimas Jonaitis, Gediminas Kiudelis, Vytas Tamošiūnas<sup>2</sup>, Antanas Praškevičius<sup>3</sup>, Limas Kupčinskas, Duglas Berg<sup>4</sup>

Department of Gastroenterology, Kaunas University of Medicine,

<sup>1</sup>Medical Center "Euroclinics," <sup>2</sup>Department of Zoology, Vilnius Pedagogical University,

<sup>3</sup>Department of Biochemistry, Kaunas University of Medicine, Lithuania,

<sup>4</sup>Department of Molecular Microbiology, Washington University Medical School, St. Louis, Missouri, USA

**Key words:** *Helicobacter pylori*; duodenal ulcer; chronic gastritis; virulence factors; *cagPAI*; *vacA*; *iceA*.

**Summary.** *Objective.* Clinical outcome of *Helicobacter pylori* (*H. pylori*) infection might be associated with specific virulence-associated bacterial genotypes. The distribution of different bacterial genotypes varies geographically. The aim of this study was to assess the relationship between *cagPAI*, *vacA*, and *iceA* status and severity of the disease in patients from Lithuania, infected by *H. pylori*.

*Material and methods.* *H. pylori* from 81 patients (37 with duodenal ulcer and 44 with chronic gastritis) was isolated from gastric biopsy specimens and cultured. Bacterial genotypes *cagPAI*, *vacA* (*s* and *m* subtypes) and *iceA* were analyzed by polymerase chain reaction using specific primers.

*Results.* The *cagPAI* was identified in 59.3% of Lithuanian *H. pylori* strains investigated. *H. pylori* strains cultured from duodenal ulcer (DU) patients more frequently ( $P < 0.01$ ) contained *cagPAI* and *vacA* *s1* genotypes (75.7% and 75.7%, respectively) in comparison to isolates from chronic gastritis (CG) patients (45.5% and 40.9%, respectively). Evaluation of nucleotide sequence of the *vacA* middle-region revealed that *vacA* *s2/m2* genotype was more frequent in CG than in DU patients (56.8% and 24.3%, respectively;  $P < 0.05$ ). We have not found any differences in the frequency of *iceA1* genotype between the DU and CG patients (46.0% and 40.9%, respectively;  $P > 0.05$ ).

*Conclusion.* Our study suggests that *cagPAI* and *vacA* *s1* genotypes are associated with peptic ulceration in Lithuanian patients infected by *H. pylori*.

### **Introduction**

*Helicobacter pylori* (*H. pylori*) infection is one of the most prevalent human bacterial infections and is associated with different gastroduodenal diseases, such as gastritis, peptic ulcer, and is an important risk factor for the development of gastric cancer and gastric lymphoma (1–4). Several potential markers of pathogenicity have been described in *H. pylori*, and some of them seem to be associated with more severe clinical outcomes of the infection (5–7). The genetic variability of *H. pylori* is high, (5, 8–10), and several genes have been identified that may play a role in the pathogenicity (*cagA*, *vacA*, *iceA*). Besides being associated with specific diseases, certain genotypes are more frequently found in certain ethnicities or geographic regions of the world (11–13). In Western

populations, *H. pylori* containing cytotoxin-associated gene (*cagA*), which is a marker for a genomic pathogenicity island (*cagPAI*), is more strongly associated with more severe disease than strains lacking *cagA* (14). In contrast, nearly all East Asian strains carry the *cagPAI* independent of disease status (15, 16). Similar studies are still scanty in East European region, where prevalence of *H. pylori* infection is high, and both peptic ulcer disease and gastric adenocarcinoma are very common (17–21). In Lithuania up till now, the genetic characteristics of *H. pylori* have not been studied yet, except the pilot study by Čalkauskas *et al.* (22). The present study aimed to analyze *cagPAI*, *vacA*, and *iceA* status directly in gastric biopsy specimens from 81 patients from Lithuania in relation to clinical data.

### Materials and methods

*H. pylori* strains were obtained from 81 patients (39 males and 42 females; mean age, 50.04±16.35 years; range, 16–88 years) who were referred for upper gastrointestinal endoscopy at Kaunas University of Medicine Hospital due to dyspeptic symptoms. Thirty-seven patients had duodenal ulcer (DU), and forty-one – chronic gastritis (CG). Patients using aspirin or nonsteroidal anti-inflammatory drugs were excluded from the study, and none of the (CG) patients had the history of peptic ulcer disease.

### *Helicobacter pylori* culture

*H. pylori* was isolated from gastric biopsy specimens and cultured on the surfaces of brain-heart infusion (BHI) agar plates supplemented with 10% horse blood, 0.4% IsoVitaleX, amphotericin B (8 µg/mL), trimethoprim (5 µg/mL), vancomycin (6 µg/mL) and Wilkins Chalgren Anaerobic Agar with 10% horse blood and Dent supplement (Oxoid). The media were incubated under microaerophilic conditions generated by CampyPak-Plus (Becton Dickinson) at 37°C from

3 to 7 days. The identity of the colonies was confirmed by typical Gram's staining and biochemical testing for urease, catalase, and oxidase. Bacterial stocks were maintained at –70°C in Brucella broth (Difco), supplemented with 15–20% glycerol.

### DNA assay

Chromosomal DNA was isolated from confluent plate cultures using the QIAamp tissue kit (Qiagen, Chatsworth, Calif.). Specific PCR was generally carried out in 20-µL volumes containing 10 ng of DNA, 1 U of *Tag* polymerase (Promega, Madison, Wis.), 10 pmol of each primer per reaction, 2 to 3 mM MgCl<sub>2</sub>, and 0.25 mM of each deoxynucleoside triphosphate in a standard buffer. Cycling conditions were usually 30 cycles at 94°C for 30 s, 52°C for 30 s, and 72°C for a time dependent on the expected product size (1 min per kb). The PCR primers used in this study are listed in Table 1.

### Statistical analysis

Chi-square test or Fisher exact test was used for

**Table 1. Oligonucleotide primers used for polymerase chain reaction**

Genes	Primers	Sequence
<i>cagPAI</i> right junction	CagF4584 CagR5280	5'-GTTAATACAAAAGGTGGTTTCCAAAAATC <sup>1</sup> 5'-GGTTGCACGCATTTCCCTTAATC <sup>2</sup>
<i>cagPAI</i> type I and IV	CagF4856 CagR5280	5'-GCGATGAGAAGAATATCTTTAGCG <sup>3</sup> 5'-GGTTGCACGCATTTCCCTTAATC <sup>2</sup>
<i>cagPAI</i> type II	IS606-1692 CagR5280	5'-CTAACAATTTGCCATTATGCTGT <sup>4</sup> 5'-GGTTGCACGCATTTCCCTTAATC <sup>2</sup>
<i>cagPAI</i> type III	Fcn unk CagR5280	5'-TGGATTAAATCTTAATGAATTATCG <sup>5</sup> 5'-GGTTGCACGCATTTCCCTTAATC <sup>2</sup>
<i>cagPAI</i> "empty" site	Luni3 CagR5280	5'-ATAGCGTTTTGTGCATAGAATTGCGC 5'-GGTTGCACGCATTTCCCTTAATC
<i>vacAs1</i> (259 bp) or <i>s2</i> (286 bp)	VA1-F VA1-R	5'-ATGGAAATACAACAACACAC 5'-CTGCTTGAATGCGCAAAC
<i>vacA s1a</i>	SS1-F VA1-R	5'-GTCAGCATCACACCGCAAC 5'-CTGCTTGAATGCGCAAAC
<i>vacA s1b</i>	SS3-F VA1-R	5'-AGCGCCATACCGCAAGAG 5'-CTGCTTGAATGCGCAAAC
<i>vacA m1</i>	VA3-F VA3-R	5'-GGTCAAAATGCGGTCATGG 5'-CCATTGGTACCTGTAGAAAC
<i>vacA m2</i>	VA4-F VA4-R	5'-GGAGCCCAGGAAACATTG 5'-CATAACTAGCGCCTTGAC
<i>iceA1</i>	IceAF5 IceAR4	5'-GTGTTTTTAACCAAAGTATC 5'-CTATAGCCACTCCTTTGCA
<i>iceA2</i>	IceAF6 IceAR5	5'-GTTGGGTATATCACAATTTAT 5'-TTACCCATTTTCTAGTAGGT

statistical analysis of the results, and significance was accepted at  $P < 0.05$ .

**Results**

The *cagPAI* was identified in 59.3% (48/81) of Lithuanian *H. pylori* strains investigated. Thirty-three cultures, from which no *cagPAI*-specific PCR product was obtained, yielded an empty-site product of the expected 550-bp size, indicating that they truly lacked the *cagPAI*. The *vacA* gene was identified in all of the 81 *H. pylori* strains. Forty-six of the 81 (56.8%) cultures yielded a 259-bp fragment, indicating *vacA s1* alleles, and 35 had a 286-bp fragment, representing *vacA s2* alleles. None of the strains yielded a PCR product of any other size. Analysis of the 46 strains with the *s1* genotype revealed that 44 (95.7%) of them belonged to *vacA s1a* and only 2 (4%) to *vacA s1b* subtypes. The presence of *cagPAI* showed a strong association with the presence of the *vacA s1* allele (Table 2). Investigation of the alleles in the middle region of *vacA* identified 11 (13.6%) of the 81 *H. pylori* isolates as *m1* type and 54 (66.7%) as *m2* type. Alleles in the middle region of 16 strains were nontypable (*m?* type). The *vacA s1/m1* combination was found in 11 (23.9%); *s1/m2* in 20 (43.5%); and *s2/m2* was present in 34 (97.1%) of typable strains. The middle-region type *m1* was significantly ( $P < 0.01$ ) more frequent in *H. pylori* strains with genotype *s1*, while *m2* alleles in most cases were detected in *vacA s2* strains (Table 3). The *iceA1* genotype was found

in 35 (43.2%) of the 81 Lithuanian strains, and *iceA2* genotype was detected in 40 (49.4%) of the cultures. Specific *iceA* subtypes were not revealed in 6 (7.4%) *H. pylori* strains tested by PCR.

While estimating relationship between potentially virulent *H. pylori* strains and clinical outcomes, significant differences ( $P < 0.01$ ) were found between isolates from DU and CG patients (Table 4). *H. pylori* strains cultured from DU patients more frequently ( $P < 0.01$ ) contained *cagPAI* and *vacA s1* genotype (75.7% and 75.7%, respectively) in comparison to isolates from CG patients (45.5% and 40.9%, respectively). Evaluation of nucleotide sequence of the *vacA* middle-region revealed that *vacA s2/m2* subtype was more frequent in CG than in DU patients (56.8% and 24.3%, respectively;  $P < 0.05$ ). We have not found any differences in the frequency of *iceA1* genotype between the groups (Table 4).

**Discussion**

The clinical relevance of putative virulence-associated genes of *H. pylori* is still a matter of controversy. The present study provides data on distribution of *H. pylori cagPAI* status, *vacA* and *iceA* genotypes in Lithuanian patients with confirmed diagnoses of DU and CG. One-half to two-thirds of European and U.S. *H. pylori* strains carry the *cag* pathogenicity island, a 40-kb DNA segment; many of whose genes seem to help induce interleukin-8 secretion and, thereby, a strong and potentially damaging inflammatory

**Table 2. Distribution of *cagPAI* and *vacA s1/s2* genes in 81 *Helicobacter pylori* isolates from Lithuania**

<i>vacA</i> subtype	<i>cagPAI</i> type		P
	<i>cagPAI</i> <sup>+</sup>	<i>cagPAI</i> <sup>-</sup>	
<i>s1</i>	93.8% (45/48)	3% (1/33)	<0.001
<i>s2</i>	6.2% (3/48)	97% (32/33)	<0.001

**Table 3. Relationship between signal sequence (*s1/s2*) and middle-region typing of *vacA* gene for 81 *Helicobacter pylori* isolates from Lithuania**

Signal sequence type	Middle-region type		
	<i>m1</i>	<i>m2</i>	<i>m?</i>
<i>s1</i>	23.9% (11/46)	43.5% (20/46)	32.6% (15/46)
<i>s2</i>	0% (0/35)	97.1% (34/35)	2.9% (1/35)
P	<0.01	<0.001	<0.01

**Table 4. Prevalence of *cagPAI*<sup>+</sup>, *vacA*, and *iceA* genes in *Helicobacter pylori* strains isolated from Lithuanian patients with different clinical outcomes**

Trait or marker	Clinical diagnosis		
	Duodenal ulcer	Chronic gastritis	P
<i>cagPAI</i> <sup>+</sup>	75.7% (28/37)	45.5% (20/44)	<0.01
<i>cagPAI</i> <sup>-</sup>	24.3% (9/37)	54.5% (24/44)	<0.01
<i>vacA s1</i>	75.7% (28/37)	40.9% (18/44)	<0.01
<i>vacA s2</i>	24.3% (9/37)	59.1% (26/44)	<0.01
<i>vacA s1/m1</i>	16.2% (6/37)	11.4% (5/44)	>0.05
<i>vacA s1/m2</i>	32.5% (12/37)	18.2% (8/44)	>0.05
<i>vacA s2/m2</i>	24.3% (9/37)	56.8% (25/44)	<0.05
<i>vacA s1/s2-m?</i>	27.0% (10/37)	13.6% (6/44)	>0.05
<i>cagPAI</i> <sup>+</sup> / <i>vacA s1</i>	75.7% (28/37)	38.6% (17/44)	<0.001
<i>cagPAI</i> <sup>+</sup> / <i>vacA s2</i>	0% (0/37)	6.8% (3/44)	NS
<i>cagPAI</i> <sup>-</sup> / <i>vacA s1</i>	0% (0/37)	2.3% (1/44)	NS
<i>cagPAI</i> <sup>-</sup> / <i>vacA s2</i>	24.3% (9/37)	52.3% (23/44)	<0.05
<i>iceA1</i>	46.0% (17/37)	40.9% (18/44)	NS
<i>iceA2</i>	43.2% (16/37)	54.6% (24/44)	NS
<i>iceA?</i>	10.8% (4/37)	4.5% (2/44)	NS

NS – not significant.

response (23, 24). We ascertained that around two-thirds of Lithuanian *H. pylori* strains (59%) have *cagPAI*, and our data support previous reports from Western countries and suggest that persons colonized with *cagPAI*-positive *H. pylori* strains are at increased risk of developing peptic ulceration (24, 25).

The *vacA* gene is present in essentially all strains of *H. pylori*, but its nucleotide sequence varies among strains. Our study confirmed a strong association between the *vacA* genotype and cytotoxin phenotype of *H. pylori* strains. Our results are in agreement with other reports (6, 26) indicating a higher prevalence of the *vacA s1* allele in patients with DU. Some previous studies (26, 27) suggested that the *vacA m1* subtype of the *vacA* gene might be a suitable marker for the increased virulence of *H. pylori*. Our study has revealed that *s2/m2* strains are more characteristic for chronic gastritis; however, we have not found that the *H. pylori vacA s1/m1* subtype is associated with more severe outcome of *H. pylori* infection. The PCR-based typing system of the *vacA* middle-region failed to classify all Lithuanian strains. This unsuccessful PCR typing is probably due to mutations within primer regions and indicates diversity in the *vacA* middle-region sequence in different communities (28, 29).

Geographic differences have also been important

in distribution of the *vacA* genotypes. The majority of *H. pylori* isolates from patients of Lithuania had the *s1a* subtype. This finding is in agreement with the earlier reports suggesting *s1a* predominance in Northern and Eastern Europe (30, 31). However, only two Lithuanian *H. pylori* strains showed *vacA s1b* genotype, and *vacA s1c* subtype was not detected, which is common in South Africa and East Asia, respectively, but infrequent in Europe (32, 33).

With regard to *iceA* gene, it was reported that *iceA1* allele was related to the peptic ulcer disease in the United States (34), and the Netherlands (5); however, this finding has not been confirmed in other countries, such as Japan (16, 33), India (35), and Korea (16). Our study has not revealed an association between the *iceA* genotype and more severe disease outcome in Lithuanian patients. As reported earlier, *H. pylori* should not be considered as a single infectious organism, but as a worldwide population of bacterial variants, which might have different clinical impact in different parts of the globe (8).

### Conclusion

Results of our study suggest that *cagPAI* and *vacA s1* genotypes are associated with peptic ulceration in Lithuanian patients infected by *Helicobacter pylori*.

## ***Helicobacter pylori* lietuviškųjų padermių genotipai sergantiesiems lėtiniu gastritu ir dvylikapirštės žarnos opalige**

**Jolanta Miciulevičienė, Henrikas Čalkauskas<sup>1</sup>, Laimas Jonaitis, Gediminas Kiudelis, Vytas Tamošiūnas<sup>2</sup>, Antanas Praškevičius<sup>3</sup>, Limas Kupčinskas, Douglas Berg<sup>4</sup>**

*Kauno medicinos universiteto Gastroenterologijos klinika, <sup>1</sup>Medicinos centras „Euroklinika“, <sup>2</sup>Vilniaus pedagoginio universiteto Zoologijos katedra, <sup>3</sup>Kauno medicinos universiteto Biochemijos katedra, <sup>4</sup>Vašingtono universiteto Molekulinės mikrobiologijos katedra, Sent Luisas, Misūris, JAV*

**Raktažodžiai:** *Helicobacter pylori*, dvylikapirštės žarnos opaligė, lėtinis gastritas, virulentiškumo veiksniai, *cagPAI*, *vacA*, *iceA*.

**Santrauka.** Darbo tikslas. *Helicobacter pylori* (*H. pylori*) infekcijos sukeltų ligų pobūdis gali būti susijęs su šios bakterijos padermių virulentiškumu. Įvairiuose geografiniuose regionuose *H. pylori* padermių paplitimas skiriasi. Šio tyrimo tikslas – nustatyti *H. pylori* padermių genetines charakteristikas (*cagPAI*, *vacA*, *iceA* genus) dvylikapirštės žarnos opalige ir lėtiniu gastritu sergantiems ligoniams iš Lietuvos.

*Tirtųjų kontingentas ir tyrimo metodai.* Iširti 37 dvylikapirštės žarnos opalige ir 44 lėtiniu gastritu (funkcine dispepsija) sirgę ligoniai. *H. pylori* padermėms, išaugintoms iš endoskopinio tyrimo metu paimtos skrandžio gleivinės biopsinės medžiagos, *cagPAI*, *vacA* (*s* ir *m* potipių) ir *iceA* genai buvo tiriami polimerazių grandinės reakcijos metodu, naudojant specifinius pradmenis.

*Rezultatai.* Tyrimų rezultatai rodo, kad 59,3 proc. *H. pylori* padermių turėjo su citotoksinu susijusį A geną (*cagPAI*). Iš opalige sergančių pacientų 75,7 proc. buvo infekuoti *cagPAI* turinčiomis *H. pylori* padermėmis, o tarp sergančiųjų lėtiniu gastritu tokių ligonių buvo tik 45,5 proc. ( $p < 0,01$ ). Visoms tirtoms 81 *H. pylori* padermėms radome *vacA* geną. Tarp sergančiųjų opalige 75,7 proc. buvo infekuoti *vacA s1* genotipo padermėmis, o sergantieji lėtiniu gastritu – 40,9 proc. ( $p < 0,01$ ). Tarp sergančiųjų lėtiniu gastritu skirtingai nei opalige dažnesnės buvo *vacA s2/m2* genotipo *H. pylori* padermės (56,8 proc. ir 24,3 proc.,  $p < 0,05$ ). Padermių, turinčių *iceA1* genotipą, dažnis tiriamųjų grupėse nesiskyrė (46,0 proc. ir 40,9 proc.,  $p > 0,05$ ).

*Išvada.* *H. pylori* infekuotiems ligoniams šios bakterijos *cagPAI* ir *vacA s1* genotipų padermės yra glaudžiai susijusios su dvylikapirštės žarnos opalige.

---

Adresas susirašinėti: L. Kupčinskas, KMU Gastroenterologijos klinika, Eivenių 2, 50009 Kaunas  
El. paštas: likup@takas.lt

### **References**

1. Malfertheiner P, Megraud F, O'Morain C, Bazzoli F, El-Omar E, Graham D, et al. Current concepts in the management of *Helicobacter pylori* infection: the Maastricht III Consensus Report. *Gut* 2007;56(6):772-81.
2. Malfertheiner P. *Helicobacter pylori*-a timeless source of lessons and research initiatives. *Helicobacter* 2007;Suppl 2:85-9.
3. Janulaityte-Günther D, Kupčinskas L, Pavilionis A, Valuckas K, Percival Andersen L, Wadström T. *Helicobacter pylori* antibodies and gastric cancer: a gender-related difference. *FEMS Immunol Med Microbiol* 2005;44(2):191-5.
4. Janulaityte-Günther D, Günther T, Pavilionis A, Kupčinskas L. What Bizzozero never could imagine – *Helicobacter pylori* today and tomorrow. *Medicina (Kaunas)* 2003;39(6):542-9.
5. Van Doorn LJ, Figueiredo C, Sanna R, Plaisier A, Schneberger P, de Boer W, et al. Clinical relevance of the *cagA*, *vacA*, and *iceA* status of *Helicobacter pylori*. *Gastroenterology* 1998;115(1):58-66.
6. Evans DG, Queiroz DMM, Mendes Jr EN, Evans DE. *Helicobacter pylori cagA* status and *s* and *m* alleles of *vacA* in isolates from individuals with a variety of *H. pylori* – associated gastric diseases. *J Clin Microbiol* 1998;36(11):3435-7.
7. Janulaityte-Günther D, Kupčinskas L, Pavilionis A, Valuckas K, Wadström T, Andersen LP. Combined serum IgG response to *Helicobacter pylori* VacA and CagA predicts gastric cancer. *FEMS Immunol Med Microbiol* 2007;50(2):220-5.
8. Blaser MJ. Heterogeneity of *Helicobacter pylori*. *Eur J Gastroenterol Hepatol* 1997;9(Suppl 1):S3-7.
9. Blaser MJ. Not all *Helicobacter pylori* strains are created equal: should all be eliminated? *Lancet* 1997;349(9057):1020-2.
10. Dailidienė D, Bertoli MT, Miciulevičienė J, Mukhopadhyay AK, Dailidienė G, Pascasio MA, et al. Emergence of tetracycline resistance in *Helicobacter pylori*: multiple mutational changes in 16S ribosomal DNA and other genetic loci. *Antimicrob Agents Chemother* 2002;46(12):3940-6.
11. Achtman M, Azuma T, Berg DE, Ito Y, Morelli G, Pan ZJ, et al. Recombination and clonal groupings within *Helicobacter pylori* from different geographical regions. *Mol Microbiol* 1999;32(3):459-70.
12. Van der Ende A, Pan ZJ, Bart A, van der Hulst RW, Feller M, Xiao S, et al. CagA-positive *Helicobacter pylori* populations in China and The Netherlands are distinct. *Infect Immun* 1998;66(5):1822-6.
13. Ito Y, Azuma T, Ito S, Miyaji H, Hirai M, Yamazaki Y, et al.

- Analysis of typing of the *vacA* gene from *cagA*-positive strains of *Helicobacter pylori* isolated in Japan. *J Clin Microbiol* 1997;35(7):1710-4.
14. Miehke S, Kibler K, Kim JG, Figura N, Small SM, Graham DY, et al. Allelic variation in the *cagA* gene of *Helicobacter pylori* obtained from Korea compared to the United States. *Am J Gastroenterol* 1996;91(7):1322-5.
  15. Pan ZJ, van der Hulst RWM, Feller M, Xiao SD, Tytgat GNJ, Dankert J, van der Ende A. Equally high prevalences of infection with *cagA*-positive *Helicobacter pylori* in Chinese patients with peptic ulcer disease and those with chronic gastritis-associated dyspepsia. *J Clin Microbiol* 1997;35(6):1344-77.
  16. Yamaoka Y, Kodama T, Gutierrez O, Kim JG, Kashima K, Graham DY. Relationship between *Helicobacter pylori* *iceA*, *cagA*, and *vacA* status and clinical outcome: studies in four different countries. *J Clin Microbiol* 1999;37(7):2274-9.
  17. Boyanova L, Mentis A, Gubina M, Rozynek E, Gosciniak G, Kalenic S, et al. The status of antimicrobial resistance of *Helicobacter pylori* in Eastern Europe. *Clin Microbiol Infect* 2002;8(7):388-96.
  18. Labanauskas L, Kučinskienė R, Urbonas V, Rokaitė R, Libikaitė N. Relevance of examination and treatment of the most common gastrointestinal disorders in children in Lithuania during the last decade. *Medicina (Kaunas)* 2008;44(1):72-80.
  19. Jonaitis L, Ivanauskas A, Jančiauskas D, Funka K, Sudraba A, Tolmanis I, et al. Precancerous gastric conditions in high *Helicobacter pylori* prevalence areas: comparison between Eastern European (Lithuanian, Latvian) and Asian (Taiwanese) patients. *Medicina (Kaunas)* 2007;43(8):623-9.
  20. Jonaitis LV, Kiudelis G, Kupčinskas L. Evaluation of a novel 14C-urea breath test "Heliprobe" in diagnosis of *Helicobacter pylori* infection. *Medicina (Kaunas)* 2007;43(1):32-5.
  21. Kupčinskas L, Miculevičienė J. *Helicobacter pylori* infection in blood donors. *Medicina (Kaunas)* 1999;35(3):320-3.
  22. Čalkauskas H, Keršulytė D, Čepulienė I, Urbonas V, Ruzevičienė D, Barakauskienė A, et al. Genotypes of *Helicobacter pylori* in Lithuanian families. *Helicobacter* 1998;3(4):296-302.
  23. Akopyants N, Clifton SW, Kersulyte D, Crabtree EJ, Youree BE, Reece CA, et al. Analyses of the *cag* pathogenicity island of *Helicobacter pylori*. *Mol Microbiol* 1998;28(1):37-54.
  24. Atherton JC. *H. pylori* virulence factors. *Br Med Bull* 1998;54(1):105-20.
  25. Covacci A, Censini S, Bugnoli M, Petracca R, Burroni D, Macchia G, et al. Molecular characterisation of the 128-kDa immunodominant antigen of *Helicobacter pylori* associated with cytotoxicity and duodenal ulcer. *Proc Natl Acad Sci USA* 1993;90(12):5791-5.
  26. Atherton JC, Peek RM, Tham KT, Cover TL, Blaser MJ. Clinical and pathological importance of heterogeneity in *vacA*, the vacuolating cytotoxin gene of *Helicobacter pylori*. *Gastroenterology* 1997;112(1):92-9.
  27. Atherton JC, Cao P, Peek RM, Tummuru MKR, Blaser MJ, Cover TL. Mosaicism in vacuolating cytotoxin alleles of *Helicobacter pylori*. Association of specific *vacA* types with cytotoxin production and peptic ulceration. *J Biol Chem* 1995;270(30):17771-7.
  28. Maeda S, Ogura K, Yoshida H, Kanai F, Ikenoue T, Kato N, et al. Major virulence factors, *vacA* and *cagA*, are commonly positive in *Helicobacter pylori* isolates in Japan. *Gut* 1998;42(3):338-43.
  29. Strobel S, Bereswill S, Balig P, Allgaier P, Sonntag HG, Kirst M. Identification and analysis of a new *vacA* genotype variant of *Helicobacter pylori* in different patient groups in Germany. *J Clin Microbiol* 1998;36(5):1285-9.
  30. Kersulyte D, Mukhopadhyay AK, Velapatino B, Su W, Pan Z, Garcia C, et al. Differences in genotypes of *Helicobacter pylori* from different human populations. *J Bacteriol* 2000;182(11):3210-8.
  31. Andreson H, Loivukene K, Sillakivi T, Maaros HI, Ustav M, Peetsalu A, et al. Association of *cagA* and *vacA* genotypes of *Helicobacter pylori* with gastric diseases in Estonia. *J Clin Microbiol* 2002;40(1):298-300.
  32. Letley DP, Lastovica A, Louw JA, Hawkey CJ, Atherton JC. Allelic diversity of the *Helicobacter pylori* vacuolating cytotoxin gene in South Africa: rarity of the *vacA* *s1a* genotype and natural occurrence of an *s2/m1* allele. *J Clin Microbiol* 1999;37(4):1203-5.
  33. Ito Y, Azuma T, Ito S, Miyaji H, Hirai M, Yamazaki Y, et al. Analysis of typing of the *vacA* gene from *cagA*-positive strains of *Helicobacter pylori* isolated in Japan. *J Clin Microbiol* 1997;35(7):1710-4.
  34. Peek RM Jr, Thompson SA, Donahue JP, Tham KT, Atherton JC, Blaser MJ, et al. Adherence to gastric epithelial cells induces expression of a *Helicobacter pylori* gene, *iceA*, that is associated with clinical outcome. *Proc Assoc Am Physicians* 1998;110(6):531-44.
  35. Mukhopadhyay AK, Kersulyte D, Jeong JY, Datta S, Ito Y, Chowdhury A, et al. Distinctiveness of genotypes of *Helicobacter pylori* in Calcutta, India. *J Bacteriol* 2000;182(11):3219-27.

Received 14 April 2008, accepted 12 June 2008  
 Straipsnis gautas 2008 04 14, priimtas 2008 06 12