

Oesophagogastroduodenoscopy in children

To the Editor—I read with interest the article by Cheung et al¹ in which they looked at the differences in the indications and findings between neurologically impaired and normal children undergoing upper gastro-intestinal endoscopy. Their findings are not unexpected as the two groups are different. However, their results are difficult to compare to other studies for two reasons. First, the definition of children needs to be stated. In their sample, there were patients as old as 22 years. By definition this group should have been considered young adults and therefore excluded from the analysis. Generally, children are assumed as being aged 18 years or younger. Second, neurological impairments were not clearly defined. These may range from minor to major disabilities requiring full-time care. A breakdown of the various neurological conditions would have been useful.

In our own experience, the yields of endoscopy in children without neurological impairment are poor with most findings being non-significant. In our setting, the prevalence of *Helicobacter pylori* in

subjects aged less than 20 years is around 21.1%² and we always take the opportunity to test for *H pylori* regardless of indications and findings. Cheung et al¹ showed that a *H pylori* prevalence among their patients to be high (ranging from 31 to 43%) after testing that was likely to have been selective (less than 50% tested). Eradication of *H pylori* will prevent or reduce the risk of *H pylori*-associated disorders in the future. We recommend universal testing in children undergoing endoscopy, especially in regions where *H pylori* infection is still prevalent.

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