What is already known on this topic

Diarrhoeal stools and vomitus from infected young people can contain viable *Helicobacter pylori*

What this study adds

New cases of *H pylori* infection can occur in cohabiting young people after acute diarrhoea or vomitus in infected peers

observed, whereas in section E, four peaks of potentially infective diarrhoea occurred during outbreaks of gastroenteritis (figure). In all cases, conversion occurred three to 11 weeks after a peak of potentially infective diarrhoea.

Comment

An association was found between gastroenteritis and subsequent acquisition of *H pylori* infection in cohabiting young people. Despite the limitations of the non-invasive test used to determine the presence of *H pylori*, time and space clustering shows that conversions were not observed by chance. This chronological link suggests that, under usual conditions of life, there might be a causal link between outbreaks of gastroenteritis and transmission of *H pylori*.⁵

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Contributors: RL performed the literature search, data collection, and biological and epidemiological analysis and interpretation, and drafted the report. PV was the academic supervisor of RL. PV initiated the project, was responsible for funding and design, organised the collection of samples, helped interpret the results, and wrote and revised the report; he will act as guarantor for the paper. PhP and PP were responsible for the care of the patients and management of the institution. FG was involved in the design of the study and advised on medical issues and discrepancies during the study. All authors critically analysed the data and wrote the paper.

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Competing interests: None declared.

Ethical approval: This study was approved by the local ethics committee, Vendin-le-Vieil.

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DRUG POINTS

Anterior uveitis is associated with travoprost

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Uveitis and iritis are rare adverse effects of prostaglandin F2 α analogues¹ and are most common with latanoprost.² A 77 year old woman with no previous history of iritis started travoprost eye drops in November 2002 for advanced pseudoexfoliation glaucoma and cataract in both eyes. Two months later, owing to inadequate control of ocular pressure, she had phacotrabeculectomy in the right eye; she had stopped the travoprost the night before. A week later she complained of swelling and discomfort in the operated eye. We advised her to use her topical steroid more often. The eye settled down and pressure stabilised. In August 2003 she had phacotrabeculectomy in her left eye and again stopped travoprost. As intraocular pressure was still high two weeks later, she restarted taking travoprost. After three weeks she had severe iritis (3+ cells and flare) and corneal oedema and began to take timolol. However, intraocular pressure rose again and she chose to restart travoprost. Five days later acute iritis developed in the left eye, which resolved only after stopping travoprost and starting a combination of a β blocker and dorzolamide eyedrops to control the intraocular pressure. The patient's other drugs included bendrofluzide, diltiazem, ramipril, doxazosin, and chlorthalidopexide.

The close temporal association between starting travoprost and the onset of iritis, and recurrence after rechallenge suggests an adverse reaction to travoprost,

scoring eight with the Naranjo algorithm.³ In the only reported case of iritis associated with travoprost,⁴ the patient was not rechallenged with the drug. The manufacturers of travoprost and the Medicines and Healthcare Products Regulatory Agency are aware of only one other case of uveitis associated with travoprost in the United Kingdom. Similar to patients who had adverse reactions to latanoprost, this woman developed iritis after incisional surgery.⁵

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