Urea breath test: a diagnostic tool in the management of Helicobacter pylori-related gastrointestinal diseases.

* The urea breath test (UBT) is generally considered as a simple, non-invasive and accurate test to demonstrate Helicobacter pylori (H. pylori) infection. The principle of the test is simple. The orally given urea, isotopically labelled with 14C or 13C, is hydrolysed by the enzyme urease of H. pylori and *CO2 is expired in breath.

* Helicobacter pylori (H. pylori) is the commonest bacterial pathogen found worldwide and more than half the world population aged 40 years and above is colonized with it. The infection rate is >95 % in some African countries. At present, 13/14C-UBT is considered the test of choice for confirmation of H. pylori infection. The UBT is based on the principle, that isotopically labelled urea ingested by an H. pylori--infected patient is rapidly hydrolysed by the microbial urease. The released 13/14CO2 is absorbed across the mucous layer to the gastric mucosa and hence, excreted via the systemic circulation in the breath which is collected and measured. The non-hydrolysed urea is excreted completely in the urine within 3-4 days. 13C-UBT being non-radioactive, non-invasive 13C-UBT can be used in pregnant women and children, and a user's license is not required.

* The UBT is simple, innocuous, easy to repeat, and among the most accurate methods of assessing **H pylori** status. It has been widely used to screen patients before endoscopy and to assess the success of therapies aimed at eradicating **H pylori**.

* The establishment of the efficacy of a breath test marks the boundary between its use in basic research and its potential use in patient diagnosis and management. To date, only the ¹³C-urea breath test for *Helicobacter pylori* has actually made such a transition by comparison with endoscopy, biopsy, culture and histologic examination. Thus far, the test to be approved by the Food and Drug Administration is the ¹³C-urea breath test.