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Impact of *Helicobacter pylori* eradication on the progression of Correa's cascade

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Kouvaras *et al* [1] demonstrated an association between *Helicobacter pylori* infection (*Hp*-I) and the development of gastric intestinal metaplasia (IM)—complete, incomplete or mixed forms—a premalignant lesion in the Correa cascade of gastric carcinogenesis. Beyond *Hp*, oral *Porphyromonas gingivalis* (Pg) can translocate to the stomach further promoting progression along the Correa cascade [2,3].

Focusing on IM and gastric cancer (GC) associated with *Hp* and/or Pg, several significant findings are noteworthy:

Hp can also inhabit the oral cavity, which may serve as a main extragastric reservoir. Similarly, the oral cavity serves as a primary reservoir for Pg [2]. Pg and its virulence factors, including gingipains, appear to contribute to the aforementioned sequence of gastric carcinogenesis [4].

Among the types of IM, the incomplete type is more strongly associated with GC progression than the complete type [5].

Hp-induced inflammation, demonstrated in both mice (Houghton's theory) and humans, triggers the migration of bone-marrow–derived stem cells to the gastric mucosa. There, these cells undergo metaplastic and dysplastic changes that can lead to GC, in line with Correa's cascade [6].

Areas exhibiting severe inflammation, IM, atrophy, and GC also show increased mast cell density, correlated with *Hp*-induced gastritis [7]. The CagA and VacA cytotoxins of *Hp* play central roles in promoting oncogenesis, consistently with Correa's model.

The absence of such features in cases of IM suggests a more favorable prognosis. For example, Hwang *et al* [8] reported that IM disappeared ≥5 years after *Hp* eradication. *Hp* eradication protects against GC in patients with IM or dysplasia (follow-up range: 2-26.5 years), and may reverse these conditions Furthermore, incomplete IM regresses within 10 years following *Hp* eradication [5].

Notably, radiofrequency ablation can eradicate incomplete IM [9], and endoscopic grading of IM, as a valuable surveillance tool, reduces the need for routine biopsy sampling [10].

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