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Evaluation of *Helicobacter pylori* as a predicting risk factor for the development of IGR in pre-eclamptic patients

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Pre-eclampsia (PE) is a major cause of maternal and neonatal mortality and morbidity. There is mounting evidence that certain infectious agents including *Helicobacter pylori* can induce endothelial inflammation and injury. The aim of this work is to evaluate the pathogenic role of *Helicobacter pylori* in PE and whether it is associated or not with intrauterine growth retardation (IUGR). Maternal sera were collected from 45 pregnant women with a diagnosis of PE and/or IUGR and from 45 women with normal pregnancies of comparable age and gestational period (controls) for detection of antibodies against *H. pylori* and specific antibodies against CagA protein using commercially available ELISA kits. Seropositivity was determined according to manufacturer's instructions. No significant difference was detected between patients and controls regarding *H. pylori* IgG antibody seropositivity and CagA positivity ($P > 0.05$). Patients with early onset PE had significantly higher frequency of *H. pylori* IgG. No significant association was found between CagA and PE onset ($P < 0.05$). A significantly higher frequency of IUGR was recorded in HP positive patients (12 (33.3%) when compared with HP negative ones (0%) ($P < 0.05$). It was found that all patients with PE and IUGR (12) had significantly higher frequency of both *H. pylori* and CagA positivity when compared with PE patients without IUGR and control groups. ($P < 0.05$). *H. pylori* infection is quite prevalent in Egyptian community. Virulent *H. pylori* infections may be a risk factor to PE complicated by IUGR.

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