A patient with impaired gastric motility

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The functional as opposed to inflammatory effects of gastrointestinal pathology are often neglected by clinicians. *Helicobacter pylori* infection may impair gastric function either due to the oedema associated with antral gastritis leading to gastric outlet obstruction or due to gastroparesis caused by release of inflammatory and immune mediators. Use of Giemsa stains alongside H & E and concurrent urease test increases the yield of *H pylori* when the clinical suspicion is strong. Gastric outlet obstruction due to *H pylori* infection is usually associated with peptic ulceration and narrowing of the pylorus or duodenum and eradication therapy can be an effective treatment. However, the evidence for an association between *H pylori* infection and impaired gastric motor function is conflicting. As malignancy is the most common cause of gastric outlet obstruction, combination of CT scan and endoscopic ultrasound would help in establishing the aetiology. In the absence of evident ulceration or an alternative explanation, however, *H pylori* infection can be considered as a cause of gastric outlet obstruction.

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