

EFFECTIVENESS OF REPEATED USE OF AMOXICILLIN-CLARITHROMYCIN TRIPLE THERAPY AND BISMUTH QUADRUPLE THERAPY AFTER PRIOR FAILURE: PRELIMINARY RESULTS FROM THE EUROPEAN REGISTRY ON HELICOBACTER PYLORI MANAGEMENT (HP-EUREG)

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Poster

Stomach & H. Pylori

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Registry data from 2013-2024 show that repeating the same *Helicobacter pylori* eradication regimen after initial failure can achieve substantial effectiveness, particularly with 14-day triple therapy or single-capsule bismuth quadruple therapy in second-line treatment.

KEY POINTS

- Triple therapy with amoxicillin-clarithromycin repeated in second line after first-line failure achieved 74% overall effectiveness, with efficacy increasing by treatment duration: 50% at 7 days, 72% at 10 days, and 82% at 14 days.
- Bismuth quadruple therapy as single-capsule repeated in second line after failure with the same regimen achieved over 90% effectiveness and almost 80% effectiveness when repeated in third line.
- Classical bismuth quadruple therapy repeated in second line showed 69% effectiveness, though patient numbers were limited (n=6).
- The analysis included 230 patients who received repeated triple therapy, 101 who received repeated single-capsule bismuth therapy, and 13 who received repeated classical bismuth therapy across multiple treatment lines from the European Registry on Hp management.
- Findings contrast with current guideline recommendations that discourage repeated use of the same regimen after eradication failure.

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