OPTIMIZING AMOXICILLIN THERAPY FOR HELICOBACTER PYLORI ERADICATION BY VONOPRAZAN AND BISMUTH: A MULTI-CENTER RANDOMIZED TRIAL

Deng Chyang Wu

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A 14-day bismuth-amoxicillin-vonoprazan (BAV) triple therapy achieved 93.8% intention-to-treat eradication of H. pylori infection, superior to amoxicillin-vonoprazan dual therapy (83.8%) and clarithromycin-amoxicillin-rabeprazole standard triple therapy (83.1%) in a Taiwanese randomized trial.

KEY POINTS

- BAV triple therapy (tripotassium dicitrato bismuthate 300 mg four times daily, amoxicillin 750 mg four times daily, vonoprazan 20 mg twice daily for 14 days) was statistically superior to both AV dual therapy (95% CI, 2.4–17.6%; P = 0.010) and CAR standard triple therapy (95% CI, 3.0–18.4%; P = 0.007) in intention-to-treat analysis.
- Per-protocol eradication rates were 97.5% for BAV, 88.3% for AV, and 88.0% for CAR, with BAV remaining superior to both comparators.
- Overall adverse event rates were comparable across the three groups (10.8%, 8.5%, and 13.8% respectively).
- Amoxicillin resistance was a risk factor for eradication failure with BAV therapy, and clarithromycin resistance was a risk factor for failure with CAR therapy.
- The authors conclude that clarithromycin-based triple therapy should be replaced by BAV or AV regimens as first-line treatment to minimize unnecessary antibiotic exposure and curb multidrug-resistant strains.
- The study was limited to Taiwanese patients and generalizability requires further validation.

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