

EFFICACY AND TOLERABILITY OF BISMUTH-BASED ERADICATION THERAPY WITHOUT PROTON PUMP INHIBITORS FOR HELICOBACTER PYLORI INFECTION IN PATIENTS WITH CORPUS ATROPHIC GASTRITIS: A RETROSPECTIVE SINGLE-CENTER EXPERIENCE

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UEG Week Copenhagen 2023

Poster

Stomach & H. Pylori

October 15, 2023

A retrospective study of 113 Helicobacter pylori-positive patients found that modified bismuth-based therapy without proton pump inhibitors achieved 95.7% eradication in corpus atrophic gastritis patients, significantly higher than amoxicillin-based therapy without PPIs and numerically higher than bismuth therapy with PPIs in non-CAG patients.

KEY POINTS

- In 46 corpus atrophic gastritis (CAG) patients treated with single-pill bismuth-based therapy without PPIs (bismuth, tetracycline, metronidazole for 13 days, 3 pills t.i.d.), eradication rate was 95.7% by intention-to-treat and 97.7% per-protocol analysis.
- CAG patients treated with bismuth therapy without PPIs had significantly higher eradication rates than 30 CAG patients receiving amoxicillin-based therapy without PPIs (76.7% ITT, 78.6% PP; $p=0.02$ and $p=0.01$ respectively).
- Eradication in CAG patients on bismuth therapy without PPIs was also significantly higher than 37 non-CAG patients receiving bismuth therapy with PPIs (81.1% ITT and PP; $p=0.02$ per-protocol).
- Mild adverse events occurred in 8.7% of CAG patients on bismuth therapy without PPIs (abdominal discomfort, nausea, vomiting, diarrhea) with 6.5% discontinuation rate; compliance and tolerability were good overall.
- This material is relevant to gastroenterologists managing Helicobacter pylori eradication in patients with corpus atrophic gastritis where PPIs are not indicated.

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