MODIFIED CONCOMITANT THERAPY FOR REFRACTORY HELICOBACTER PYLORI INFECTION: A REAL-WORLD COLOMBIAN EXPERIENCE

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Stomach & H. Pylori

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A prospective observational study in Colombia evaluated modified concomitant therapy (furazolidone, amoxicillin, tetracycline, and high-dose PPI) for H. pylori infection refractory to at least three prior treatment regimens, achieving >90% eradication.

KEY POINTS

- In 30 adults with H. pylori persisting after three or more failed treatments, 14-day modified concomitant therapy achieved 90% eradication by modified intention-to-treat analysis (27/30) and 92.5% per-protocol (25/27).
- The regimen combined esomeprazole 40 mg twice daily, furazolidone 100 mg every 8 hours, weight-based amoxicillin every 8 hours, and tetracycline 500 mg every 6 hours.
- Adverse events occurred in 8 patients (nausea 30%, headache 33%, diarrhoea 16%, constipation 10%); three discontinued between days 10–12, with no severe events or hospitalisations.
- Eradication was confirmed by histological evaluation 6–8 weeks post-treatment using haematoxylin-eosin and Giemsa staining, chosen due to prior discordance with urea breath testing.
- The authors propose this empirical rescue strategy for settings without antibiotic susceptibility testing; intermittent tetracycline availability limited broader enrolment.

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