

ALTERATIONS IN GUT MICROBIOTA AND SYMPTOMS FOLLOWING HELICOBACTER PYLORI ERADICATION THERAPY IN PATIENTS WITH FUNCTIONAL DYSPEPSIA, WITH OR WITHOUT HELICOBACTER PYLORI INFECTION

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Poster

Oesophagus

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In a prospective study of 12 functional dyspepsia patients, *H. pylori* eradication therapy improved symptoms and altered gut microbiota composition regardless of *H. pylori* infection status.

KEY POINTS

- Four *H. pylori*-positive and eight *H. pylori*-negative functional dyspepsia patients received 10 days of triple therapy with tegoprazan 50 mg, amoxicillin 1000 mg, and clarithromycin 500 mg twice daily.
- Median symptom scores (NDI-K) decreased from baseline to 3 months in both groups (71.5 to 26.5 in *H. pylori*-positive; 33.5 to 12.0 in *H. pylori*-negative) and remained reduced at 6 months.
- Alpha diversity in the duodenal bulb decreased significantly in *H. pylori*-positive patients, with a similar decreasing trend observed in the antrum and duodenum of both groups.
- In *H. pylori*-negative patients, Proteobacteria decreased from 59.9% to 48.7% and Firmicutes increased from 17.7% to 26% in the antrum at 3 months post-treatment.
- This small pilot study suggests that microbiota changes induced by eradication regimens may contribute to symptom improvement independent of *H. pylori* clearance.

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