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Summary

LONG-TERM GUT MICROBIOTA CHANGES DETERMINED BY QUADRUPLE THERAPY REGIMENS IN PATIENTS WITH HELICOBACTER PYLORI INFECTION IN A SOUTH-EUROPEAN COUNTRY: A 16S RRNA GENE SEQUENCING AND HIGH-THROUGHPUT SEQUENCING STUDY

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UEG Week Barcelona 2026 | Presentation

Gut Microbiota | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology | Oesophagus

October 20, 2026

Randomized trial in 233 patients shows quadruple H. pylori eradication therapies achieve 97.9% efficacy but cause long-term gut dysbiosis, with sequential and hybrid regimens producing the greatest microbiota disruption at 12 months.

KEY POINTS

- Overall eradication efficacy was 97.9% across five quadruple regimens, with 53.6% experiencing adverse events
- Sequential (regimen D) and hybrid (regimen E) therapies caused significant increases in Firmicutes and Firmicutes-Bacteroidota ratio compared to other regimens
- At 12 months post-treatment, persistent Firmicutes changes were observed, with significant increases in Lachnoclostridium and Oscillibacter genera
- Increased Lachnospiraceae_UCG-004 represents a microbiota signature for successful eradication
- The presenter emphasized these findings support microbiota profiling for risk stratification and the need for microbiota-modifying strategies alongside current eradication therapy

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