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Summary

EFFECTIVENESS OF THE RECOMMENDED THERAPEUTIC PROTOCOLS IN HELICOBACTER PYLORI ERADICATION: A SINGLE CENTRE TEN-YEAR EXPERIENCE

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Stomach & H. Pylori

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A prospective cohort study of 523 patients found bismuth-based and concomitant quadruple therapies achieved significantly higher Helicobacter pylori eradication rates than sequential or triple therapy, with noncompliance, previous eradication attempts, and lack of statin use independently associated with treatment failure.

KEY POINTS

- Eradication rates in treatment-naive patients were highest with concomitant quadruple therapy (92.5%) and bismuth-based quadruple therapy (91.1%), compared to sequential therapy (82%) and triple therapy (76.1%).
- Combined eradication rate for bismuth-based and concomitant quadruple regimens was 91.9% versus 78.3% for sequential and triple therapies ($p<0.001$), though quadruple therapies had higher adverse event rates (16.2% versus 4.4%).
- Multivariate analysis identified three independent predictors of treatment failure: noncompliance (OR 80.1), previous eradication therapy (OR 2.6), and lack of concomitant statin use (OR 2.7).
- Overall compliance was high at 97.1% with no significant differences between regimens, and the study included consecutive patients treated between 2013 and 2022 primarily for dyspepsia.

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