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Summary

COMPARISON OF ERADICATION EFFICACY OF 1-WEEK METRONIDAZOLE TRIPLE REGIMEN WITH BISMUTH ADD-ON AND 2-WEEK BISMUTH QUADRUPLE REGIMEN FOR H PYLORI WITH CLARITHROMYCIN RESISTANCE-RELATED GENE MUTATION (A2143G)

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UEG Week Vienna 2024 | Poster

Stomach & H. Pylori

October 13, 2024

A retrospective propensity-matched study found that 1-week bismuth-added metronidazole triple therapy achieved similar eradication rates to 2-week bismuth quadruple therapy in patients with clarithromycin-resistant H. pylori infection confirmed by A2143G mutation.

KEY POINTS

- In 82 patients with PCR-confirmed A2143G mutation, eradication rates showed no significant difference between 2-week bismuth quadruple therapy and 1-week bismuth-added metronidazole triple therapy in both intention-to-treat and per-protocol analyses
- After propensity score matching for gender, age, and body mass index (25 patients per group), per-protocol eradication rates were 94.4% for 2-week therapy and 87.0% for 1-week therapy with no significant difference
- Medication discontinuation occurred in 5.3-5.6% of patients receiving 2-week therapy but in none receiving 1-week therapy, though changes in bowel habits (mainly dark-colored stool) were more common with 1-week therapy
- The authors concluded that the 1-week regimen showed superior drug compliance and a tendency for fewer adverse effects compared to the 2-week regimen
- This multicentre retrospective analysis may inform treatment selection for patients with genetically confirmed clarithromycin-resistant H. pylori infection

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