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Summary

EVALUATION OF THE EFFICACY AND SAFETY OF DIFFERENT REGIMENS FOR HELICOBACTER PYLORI ERADICATION THERAPY DURING THE COVID-19 PANDEMIC AND POST-PANDEMIC PERIOD IN UKRAINE: A RETROSPECTIVE OBSERVATIONAL STUDY

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Stomach & H. Pylori

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A retrospective Ukrainian study comparing H. pylori eradication regimens before and after COVID-19 found no statistical difference in overall eradication rates between 2019-2021 and 2022-2025, but standard three-component clarithromycin-based regimens showed unacceptably low efficacy while quadruple regimens achieved over 90% eradication.

KEY POINTS

- Standard 14-day three-component regimens with clarithromycin, amoxicillin, or metronidazole achieved only 67-70% eradication rates in the 2022-2025 group, deemed inappropriate for clinical use.
- Quadruple regimens with and without bismuth demonstrated high eradication rates exceeding 90% in both time periods, with the esomeprazole plus levofloxacin plus amoxicillin plus furazolidone regimen achieving 100% eradication.
- Frequency, intensity, and spectrum of side effects significantly increased with 14-day treatment in the post-COVID group compared to pre-COVID, and the quadruple levofloxacin-furazolidone regimen was accompanied by frequent diverse side effects and reduced adherence.
- Male gender, history of COVID-19 infection, and first treatment attempts were significantly associated with treatment failure in multivariate regression analysis.
- The authors conclude that antibiotic resistance has increased post-pandemic and recommend considering non-standard regimens and COVID-19 history when planning eradication therapy, though they note prospective randomized trials are needed.

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