gutflix
GI learning, personalised

Summary

NEAR-COMPLETE ERADICATION OF HELICOBACTER PYLORI IN A LATIN AMERICAN COHORT USING LIMECYCLINE–TEGOPRAZAN-BASED QUADRUPLE THERAPY: BREAKING RESISTANCE IN THE REAL WORLD

william Otero

UEG Week Berlin 2025 | Poster

Stomach & H. Pylori

October 5, 2025

A prospective pilot study in Peru and Colombia found that a 14-day quadruple regimen combining limecycline, furazolidone, bismuth, and tegoprazan achieved 98.6% eradication of H. pylori in both treatment-naïve and previously treated patients.

KEY POINTS

- 72 adults with confirmed H. pylori infection received limecycline 300 mg, furazolidone 100 mg, bismuth subcitrate 262 mg, and tegoprazan 50 mg, all twice daily for 14 days, with eradication assessed 6 to 8 weeks post-treatment
- Per-protocol eradication was 98.6% (71 of 72 patients; 95% CI 92.6 to 99.9%), with no significant difference between treatment-naïve patients (56%) and those who had failed at least one prior regimen (44%)
- Mild adverse events occurred in 11.1% of patients, primarily nausea (6.9%) and constipation (2.8%), with only one patient (1.4%) discontinuing therapy due to rash and no severe events or hospitalisations
- The authors conclude that limecycline, a tetracycline derivative with 5000-fold greater solubility, may serve as a substitute where tetracycline is scarce, and that the regimen warrants validation in larger randomised controlled trials
- This material is relevant for clinicians managing H. pylori in settings with high clarithromycin and metronidazole resistance or limited tetracycline availability

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/ee90df16-a813-11f0-a7c1-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.