

13th Euro-Global Gastroenterology Conference

Comparison of efficacy of four different *Helicobacter pylori* eradication regimens in peptic ulcer disease patients at a Medical University Hospital

In the study 63 *H. pylori* positive patients with peptic ulcer disease were randomized for eradication therapy for *H. pylori* for two weeks. Four regimens were used: ECA consisting of Esemoprazole (20 mg bid), Clarithromycin (500 mg bid) and Amoxicillin (1 gm bid), EAL- consisting of Esemoprazole (20mg bid), Amoxicillin (1gm bid), Levo oxacin (500 mg once daily), EAT consisting of Esemoprazole (20mg bid), Amoxicillin (1gm bid), Tetracycline (500 mg bid) and ETL consisting of Esemoprazole (20 mg bid), Tetracycline (500mg bid) and Levo oxacin (500 mg once daily). Out of 63 patients 13 dropped out. Six weeks after completion of therapy upper GI endoscopy was repeated to see endoscopic improvement and RUT (rapid urease test) was carried out. Conclusive result was obtained in 40 cases in RUT. Eradication therapy showed no statistically significant difference in different regimens ($p>0.05$). Endoscopic improvement occurred in 33% to 71% patients in different regimens. Sixty six patients were found to be RUT negative and 4 were found to be RUT positive. Negativity rate ranged from 83% to 100% in different regimens. This result appears to be acceptable, good and even excellent with ETL.

Recent Publications:

1. Alam M R et al. (2014) A study on healing of peptic ulcer disease after eradication of *Helicobacter pylori* infection. Bangladesh Medical Journal. 43(2):84-89.
2. Graham D Y and Fischbach L (2010) *Helicobacter pylori* treatment in the era of increasing antibiotic resistance. Gut. 59(8):1143-1153.
3. Hildedrand P et al. (2001) Recrudescence and reinfection with
4. *Helicobacter pylori* after eradication therapy in Bangladesh adults. Gastroenterology. 121(4):792-798.

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