

Update on the management of Helicobacter pylori associated gastroduodenal diseases

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The prevalence of *H. pylori* infection remains high in many Asian countries. Emerging evidence showed that early eradication of *H. pylori* before the development of gastric atrophy or intestinal metaplasia may reduce the risk of gastric adenocarcinoma. Eradication of *H. pylori* may reduce the recurrence rate of peptic ulcer disease and may even reduce the incidence of peptic ulcer disease in the community. Recent meta-analysis of randomized trials also showed a small, but significant benefit of *H. pylori* eradication in patients with functional dyspepsia. A recent double blind randomized trial in China showed that an oral vaccine was effective in the primary prevention of *H. pylori* infection in children. However, eradication therapy is still the treatment of choice for *H. pylori* infected subjects. The efficacy of standard triple therapy should not be used in many Asian countries where the primary clarithromycin resistance has been higher than 15-20%. Bismuth quadruple therapy or non-bismuth quadruple therapy, such as concomitant therapy, sequential therapy, and hybrid therapy are recommended in these countries. Extending the treatment length to 14 days is also recommended. Levofloxacin based regimen and bismuth quadruple therapy are the recommended second line rescue therapies. Susceptibility testing guided therapy should be provided for patients who fail after two eradication therapies. The annual reinfection rate after successful eradication varied from 1% to 10%, depending on the prevalence of *H. pylori* infection and the hygiene status of that region. Several community based trials aimed to assess the efficacy of screen and treat for *H. pylori* in the prevention of gastric cancer are ongoing in many countries. It is hoped that *H. pylori* associated diseases may be eliminated after these efforts.