

Conclusive strategies for therapy and virotyping of *Helicobacter pylori*

Sir,

We read with great interest the review article by Rizwan *et al.*, "Epidemiology and pattern of antibiotic resistance in *Helicobacter pylori*: Scenario from Saudi Arabia."^[1] However, we would propose some constructive points that can enrich the main messages related to the conclusions suggested in that article. First, the authors suggested a study to examine the association of virulence factors in *H. pylori* with antibiotic resistance pattern. Supposing, there is a statistically significant correlation between virulent strain and its resistotype, what can be the actual benefits out of this result? Another controversial issue in that article is whether metronidazole and clarithromycin can really be prescribed in the current therapeutic regimens in Saudi Arabia. Indeed, the authors draw their conclusion based on these data, although a large scale study is required to validate the present suggested regimens. It is worthwhile to note that *H. pylori* antibiotic resistance can be even distributed by re-infection and recrudescence.^[2] Therefore, it is necessary to investigate re-infection rate in addition to those suggested by all the

authors in their conclusive remarks. Conclusively, a highly effective and well-tolerated therapeutic regimen should be sought and appropriately examined in a randomized controlled trial in Saudi Arabia to solve the current treatment failure.

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