Updated *Helicobacter pylori* Management in 2015

Sir,

We read the editorial by Pellicano *et al.* on the evaluation of one or two weeks of treatment of *Helicobacter pylori* infection with standard triple therapy in the previous issue of *Saudi Journal of Gastroenterology*.[1] Despite the fact that various regimens, including sequential and quadruple therapy are recommended, these current therapeutic regimens lack efficacy in eradication due to antibiotic resistance, poor patient compliance, and associated adverse events. With respect to the current article, some constructive points are worth considering. First, the proton pump inhibitor (PPI)-containing triple regimen is surely one of the most widely prescribed therapies for firstline treatment of *H. pylori* infection.[2] Currently, PPI-containing triple therapy for 7 days is most often used worldwide. It has been frequently shown that seven-day *H. pylori* eradication therapy is preferable than a 14-day therapy. Unfortunately, there is no general agreement on which duration can provide better efficacy with lesser side effects. We are well aware that seven days PPI-containing triple therapy is better than a 14-day therapy in view of the low cost, better compliance, and lesser side effects. In essence, newer antimicrobial regimens containing more efficacious agents are necessary to design better eradication rates against this bacterium.

Second, recent therapeutic approaches, including novel nanoparticles with anti-*H. pylori* properties, *Lactobacilli* as probiotic supplementation, and flouroquinolone application in firstline therapy are the remaining options to apply against this persistent and resistant gastric infection. Thus, despite the current bleak situation of *H. pylori* management, evolving smart strategies in clinical practice could potentially overcome this problem.

Third, until optimal firstline *H. pylori* eradication therapies are discovered, various therapeutic regimens with shorter durations should be used with caution, due to limitations that affect the options. In contrast to the authors' opinion, we believe that the optimal duration of therapy against *H. pylori* is not validated yet. Studies with larger number of patients are needed to confirm if there is any benefit in increasing the duration.[3,4] In the era that we have dealt with *H. pylori* eradication, it may be inferred that we are at early days to draw meaningful conclusions for actual optimal duration of *H. pylori* treatment.

Finally, if bacterial culture is not available (for reasons of not being routinely performed in diagnostic laboratories, being a time-consuming procedure or the associated costs), molecular detection can help clinicians to predict antimicrobial resistance and following drug therapy can be a remarkably better option. To our knowledge, flouroquinolone-based therapy, followed by specific polymerase chain reaction performance to detect its mutations, is a good alternative in clinical practice.

In conclusion, regardless of how it ought to be treated with existing strategies, *H. pylori* eradication remains an ultimate target for gastroenterologists in 2015 and later.

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REFERENCES

1. Pellicano R, Fagoonee S. One or two weeks of treatment with *Helicobacter pylori* "standard" triple therapy in the year 2015? Saudi J Gastroenterol 2015;21:343-4.
2. Talebi Bezmin Abadi A, Ghasemzadeh A, Taghvaei T, Mobarez AM. Primary resistance of *Helicobacter pylori* to levofloxacin and moxifloxacine in Iran. Intern Emerg Med 2012;7:447-52.
3. Nijevitch AA, Idrisov B, Akhmadeeva EN, Graham DY. Choosing optimal first-line *Helicobacter pylori* therapy: A view from a region with high rates of antibiotic resistance. Curr Pharm Des 2014;20:4510-6.
4. Rimbara E, Fischbach LA, Graham DY. Optimal therapy for *Helicobacter pylori* infections. Nat Rev Gastroenterol Hepatol 2011;8:79-88.

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