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The first-line treatment of *Helicobacter pylori* infection in Piedmont in the year 2017

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We thank Dr Berrutti and Dr Leone who in their letter¹, inspired from an updated review² opened a crucial issue regarding the optimal treatment, in the year 2017, of *Helicobacter pylori* (*H. pylori*) infection in Piedmont, Northern Italy. The recent Maastricht V/Florence Consensus Report of the European Helicobacter and Microbiota Study Group has recommended a threshold of 15% to define Countries with low and high clarithromycin-resistance rates.³ In Countries with high clarithromycin-resistance rates, the bismuth-containing quadruple therapy (with proton pump inhibitor [PPI], metronidazole and tetracycline) is the first recommended choice of treatment.³

In Piedmont, studies conducted in the last 5 years have shown that clarithromycin-based treatments achieved an eradication rate of about 70%.⁴⁻⁶ Treatments based on other macrolides did not obtain better results.⁷ Nevertheless, as reported by Dr Berrutti and Dr Leone, alternative treatments did not obtain better outcomes.⁸ Considering the issue of bacterial resistance at a microbiological level, we have participated to a multicentric European study revealing that, in Italy, the primary rate of *H. pylori* clarithromycin resistance was 26.7%.⁹ In Piedmont, the results were not different. Hence, all these data suggested that in this region, clarithromycin-based treatments should not be routinely prescribed. Less critical is the situation regarding metronidazole, because in contrast to clarithromycin and levofloxacin resistance, the impact of metronidazole resistance on *H. pylori* eradication is limited and can be overcome by increasing the length of treatment or by prescription of bismuth-containing quadruple therapy including metronidazole.²

In conclusion, presently, in Piedmont the first-line treatment for *H. pylori* infection should be the bismuth-containing quadruple therapy.

References

1. Berrutti M, Leone N. Which first-line treatment in Piedmont in the year 2017? Panminerva Med 2017;-----.

2. Pellicano R, Ribaldone DG, Fagoonee S, Astegiano M, Saracco G, Mégraud F. A 2016 panorama of *Helicobacter pylori* infection: key messages for clinicians. *Panminerva Med* 2016;58:304-17.
3. Malfertheiner P, Mégraud F, O'Morain CA, Gisbert JP, Kuipers EJ, Axon AT, *et al.* Management of *Helicobacter pylori* infection – The Maastricht V/Florence Consensus Report. *Gut* 2017;66:6-30.
4. Ribaldone DG, Fagoonee S, Astegiano M, Saracco G, Pellicano R. Efficacy of amoxycillin and clarithromycin-based triple therapy for *Helicobacter pylori* eradication: A 10-year trend in Turin, Italy. *Panminerva Med* 2015;57:145-6.
5. Fagoonee S, Pellicano R. Ampicillin-based therapy for *Helicobacter pylori* eradication. *Panminerva Med* 2011;53:261.
6. Fagoonee S, Astegiano M, Smedile A, Pellicano R. Efficacy of cefixime-based triple therapy for *Helicobacter pylori* eradication: a retrospective study. *Panminerva Med* 2013;55:309-10.
7. Pellicano R, Strona S, Astegiano M, Rizzetto M. Roxithromycin-based therapy for *Helicobacter pylori* eradication: reply to Dr Barbon. *Panminerva Med* 2009;51:51-2.
8. Pellicano R, Fagoonee S, Astegiano M, Morgando A, Cisarò F, Rizzetto M. Amoxycillin plus tetracycline as first-line *Helicobacter pylori* treatment. *Minerva Med* 2011;102:169-70.
9. Mégraud F, Coenen S, Versporten A, Kist M, Lopez-Brea M, Hirschl AM, *et al.* *Helicobacter pylori* resistance to antibiotics in Europe and its relationship to antibiotic consumption. *Gut* 2013;62:34-42.