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 letter[1] , inspired from an updated review[2] 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.

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