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Comment on *Helicobacter pylori* eradication using metronidazole

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The recent open-label, single-arm study, published by Marušić *et al.* has arisen a great interest.¹ In fact, in the same issue both an editorial² and a comment letter³ have been published. At the end of the latter the authors reported that “also, the application of metronidazole in therapeutic regimens should be confirmed following susceptibility tests since a relatively high rate of antibiotic resistance is globally reported”.³ Although several clinical trials comparing tailored treatment *versus* empiric treatment, have reported a satisfactory eradication rate with the former and not with the latter strategy, we would highlight that in some contexts there is no need to perform endoscopy and/or culture test is not available, therefore the possibility to have an empiric strategy of proved efficacy is of main importance. The choice of the more appropriate treatment should be based on local antibiotic usage, documented antibiotic resistance and outcome data. Focusing on metronidazole resistance, although highly prevalent, can be partly overcome and is of secondary importance.⁴ Hence, the need to evaluate metronidazole resistance patient by patient, could not be useful. It would be better to know in a specific population the metronidazole resistance rates (since population results are not transferable to other geographical areas with different pattern of resistance), and apply the recommendation of the more updated Guidelines.⁵

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