

AperTO - Archivio Istituzionale Open Access dell'Università di Torino

Comment on helicobacter pylori eradication using metronidazole

This is the author's manuscript

Original Citation:

Availability:

This version is available <http://hdl.handle.net/2318/1717393> since 2019-11-24T16:39:29Z

Terms of use:

Open Access

Anyone can freely access the full text of works made available as "Open Access". Works made available under a Creative Commons license can be used according to the terms and conditions of said license. Use of all other works requires consent of the right holder (author or publisher) if not exempted from copyright protection by the applicable law.

(Article begins on next page)

Comment on *Helicobacter pylori* eradication using metronidazole

Ramy Younes¹, Anna Morgando¹

¹ University of Torino, Department of Medical Sciences, Gastroenterology Unit, Torino, Italy

Corresponding Author

Ramy Younes
University of Torino
Department of Medical Sciences
Gastroenterology Unit, Torino, Italy
011.6335569
ibrahim.massimo@gmail.com

Key words: *Helicobacter pylori*, therapy, metronidazole

Short title: *Helicobacter pylori* treatment

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

References

1. Marušić M, Dominkovic L, Majstorovic Barac K, Gulic S, Bago J, Pezerovic D. Bismuth-based quadruple therapy modified with moxifloxacin for *Helicobacter pylori* eradication. *Minerva Gastroenterol Dietol* 2017;63:80-4.
2. Graham DY, Fagoonee S, Pellicano R. Increasing role for modified bismuth-containing quadruple therapies for *Helicobacter pylori* eradication. *Minerva Gastroenterol Dietol* 2017;63:77-9.
3. Talebi Bezmin Abadi A, Shafahi Tilaki S, Fattahi G, Safarnejad S. Moxifloxacin but not metronidazole can be used in therapeutic regimens against *Helicobacter pylori*. *Minerva Gastroenterol Dietol* 2017;63:167.

4. 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.
5. 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.