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This is the author's manuscript

Original Citation:
The first-line treatment of Helicobacter pylori infection in Piedmont in the year 2017 / Pellicano, Rinaldo; Ribaldone, Davide G.; Fagoonee, Sharmila; Astegiano, Marco; Saracco, Giorgio M.. - In: PANMINERVA MEDICA. - ISSN 0031-0808. - 59:2(2017), pp. 199-199.

Availability:
This version is available http://hdl.handle.net/2318/1632782 since 2018-11-02T15:50:48Z

Published version:
DOI:10.23736/S0031-0808.17.03291-8

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(Article begins on next page)
The first-line treatment of *Helicobacter pylori* infection in Piedmont in the year 2017

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Conflicts of interest.—The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

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KEY WORDS: *Helicobacter pylori*- Peptic ulcer – Gastric cancer- Lymphoma-Reinfection – Resistance – Therapy – Vaccine
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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**References**


