European Helicobacter and Microbiota Study Group

EHMSG – XXXIst International Workshop on Helicobacter & Microbiota in Inflammation & Cancer

Kaunas, Lithuania,
September 14–15, 2018

Accepted Abstracts

Disclaimer
This abstract supplement has been produced using author-supplied copy. Editing has been restricted to some corrections of spelling and style where appropriate. No responsibility is assumed for any claims, instructions, methods or drug dosages contained in the abstracts; it is recommended that these are verified independently. This abstract book was correct at the time of printing and therefore does not reflect any programme changes after the date of printing.
Eradication failure of *H. pylori* treatments for children increases nowadays. A goal of 90% of success must be reached worldwide. We assessed the effect of adherence, antimicrobial susceptibility and family awareness on treatment outcome.

**Methods:** Open cross-sectional study. Parents were interviewed to evaluate their knowledge about *H. pylori*. A score on 15-point scale was set construct. After, infected children were treated either with a standard 14-day triple therapy (PPI + Amoxicillin + Metronidazole) either with PPI for 3 weeks before a tailored 14-day triple therapy. Adherence and adverse events were assessed immediately after treatment and outcome 4 weeks later by stool antigen test (children without ulcer) or gastric biopsies (children with ulcers).

**Results:** A total of 158 infected children were included (75 M/83 F, mean age 7.5 ± 2.7, range 3-14 year). Duodenal ulceration was observed in 12/158 (7.6%). A standard triple therapy containing metronidazole was prescribed in 110/158 while antimicrobial susceptibility was obtained and treatment tailored in the other 48/158 (triple therapy containing clarithromycin 7/48, metronidazole 30/48, levofloxacin 6/48 and tetracycline 5/48). Adverse events occur in 32/158 (20.3%), mainly abdominal pain and diarrhea. Success rate was 53/110 (48.2%) with the standard therapy and 29/48 (60.4%) with the tailored therapy. Adherence of 90% or above was reached by 143/158 and positively correlated with knowledge score (r = 0.17, P < 0.05).

**Conclusion:** Treatment strategy proposed in the ESPGHAN consensus didn’t allow us to reach the 90% target rate of eradication in Vietnam. Increase the awareness on *H. pylori* could have a positive effect on adherence to eradication strategies.


---

**P02.38 | Current practice of Gastroenterologists in the treatment of Helicobacter pylori infection in Italy: data from the Italian Registry on H. pylori treatment**

R. Zagarii; A. Romiti; G. Fiorini; D. G. Ribaldone; F. Gigliotti; F. Lella; A. G. Gravina; B. Annibale; S. Bargiggia; G. Grande; F. Luzzia; L. Broglia; B. Vaira; R. Pellicano; M. Ferrara; M. Romano; R. Conigliaro; F. Bazzoli

1Department of Surgical and Medical Sciences, University of Bologna, Italy; 2General and Specialistic Medical Department, Division of Gastroenterology, AOU Città della Salute e della Scienza, Turin, Italy; 3Gastroenterology and Endoscopic Unit, San Giovanni Calibita-Fatebenefratelli Hospital, Rome, Italy; 4Gastroenterology Unit, Policlinico San Pietro, Bergamo, Italy; 5Department of Precision Medicine “F. Magrassi”, University of Campania, Naples, Italy; 6Medical-Surgical Department of Clinical Sciences and Translational Medicine, University “La Sapienza”, Rome, Italy; 7Division of Gastroenterology, “A. Manzoni” Hospital, Lecco, Italy; 8Gastroenterology and Digestive Endoscopy

**Background:** Guidelines recommend several antimicrobial regimens for *H. pylori* eradication. Data on the type of regimen prescribed in clinical practice in Italy are not available yet.

**Aim:** To assess the practice of gastroenterologists in the treatment of *H. pylori* infection in Italy.

**Methods:** The “Italian Registry on H. pylori treatment” is an online database prospectively registering adult patients prescribed with a treatment for *H. pylori* infection by gastroenterologists in Italy. Data were collected from June 2017 to May 2108 using REDCap (Research Electronic Data Capture) and an interim analysis was performed.

**Results:** A total of 485 patients (63.2% females, mean age 54.2 years), whose 387 were naive to treatment and 98 had a previous treatment failure, were assessed. At first-line the most frequent regimen prescribed was sequential therapy (169, 43.7%), followed by the new formulation of bismuth quadruple therapy (Pylera®) (102, 26.4%), clarithromycin-containing triple therapy (87, 22.5%), concomitant (27, 7%) and other therapies (2, 0.5%). Most regimens, including Clarithromycin-containing triple therapy, were prescribed for 10 days. After a previous treatment failure, Pylera® (59, 60.2%) was the most frequent regimen, followed by levofloxacin-containing triple therapy (11, 11.2%), rifabutin-containing triple therapy (9, 9.2%), sequential therapy (8, 8.2%), concomitant (5, 5.1%) and other therapies (6, 8.1%). Probiotics were prescribed in 48.8% (235/485) of patients.

**Conclusions:** Sequential therapy and Pylera® appear to be the most frequently prescribed regimens for *H. pylori* eradication in Italy. However, the duration of clarithromycin-containing triple therapy was shorter than recommended. About half of patients received probiotics supplementation.