

THE FERRARA CONSENSUS REPORT THIRD ITALIAN GUIDELINES ON DIAGNOSIS AND TREATMENT OF HELICOBACTER PYLORI INFECTION

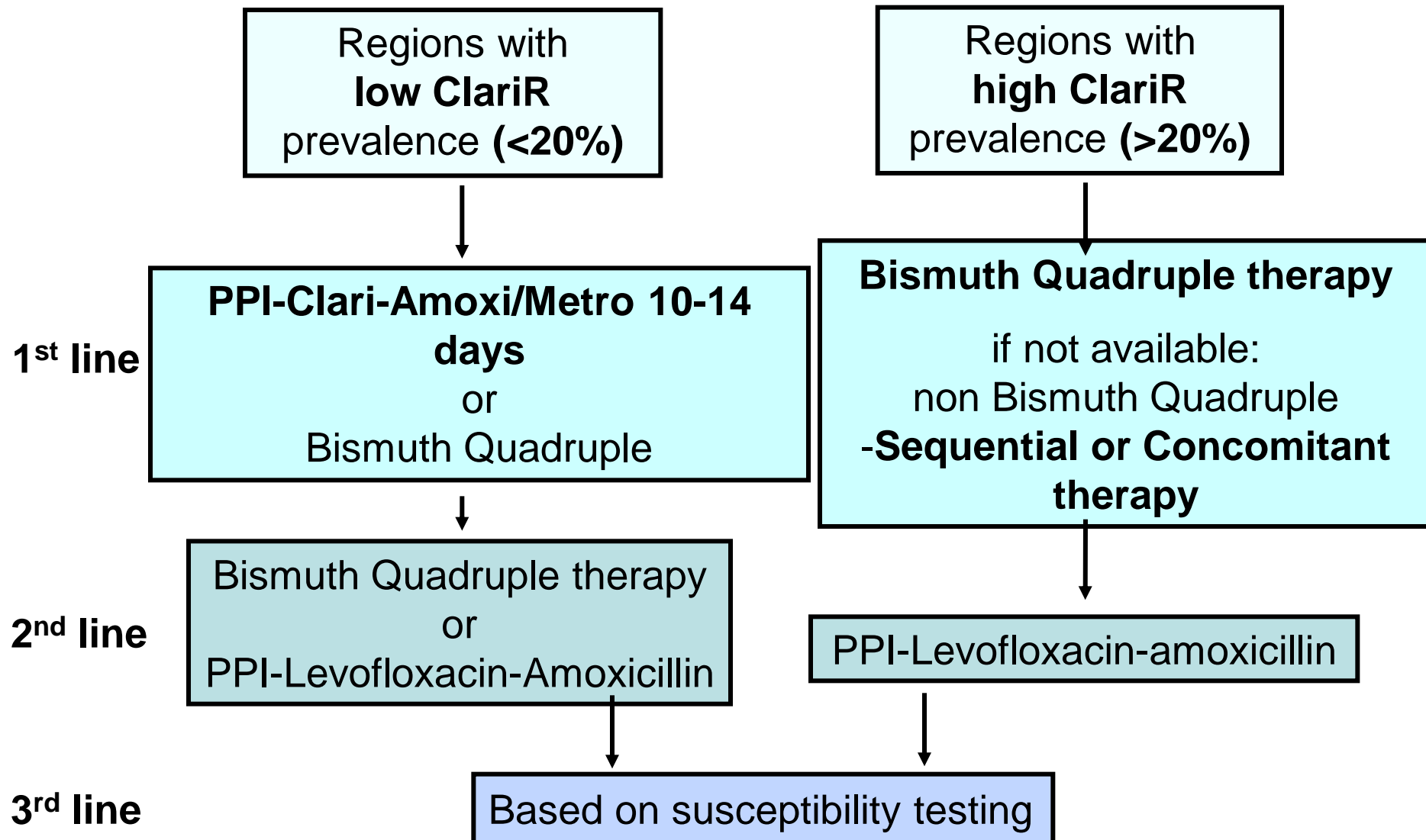
FERRARA 4-5 APRIL 2014

Diagnosi:

- La coltura: come, quando e perchè.
- Quando è certa l'avvenuta eradicazione ? Dopo 1 mese, 6 mesi, 1 anno ?

Rocco Maurizio Zagari
Università di Bologna

Maastricht/Florence IV: Treatment of *Helicobacter pylori* infection





Management of *Helicobacter pylori* infection—the Maastricht IV/ Florence Consensus Report

Peter Malfertheiner,¹ Francis Megraud,² Colm A O'Morain,³ John Atherton,⁴ Anthony T R Axon,⁵ Franco Bazzoli,⁶ Gian Franco Gensini,⁸ Javier P Gisbert,⁹ David Y Graham,¹⁰ Theodore Rokkas,¹¹ Emad M El-Omar,⁷ Ernst J Kuipers,¹² The European Helicobacter Study Group (EHSG)

Culture and antimicrobial susceptibility test

Statement 5: Culture and standard susceptibility testing should be considered in **all regions before second line treatment if endoscopy is carried out** for another reason and **generally when a second-line treatment has failed.**

Evidence level: 5

Grade of Recommendation: D

Statement 5: if standard susceptibility testing is not possible, molecular tests can be used to detect *H. pylori* and clarithromycin and/or fluoroquinolone resistance directly on gastric biopsies.

Evidence level: 1a

Grade of Recommendation: A

Susceptibility-based third-line

Pros and cons

- ✓ Tailored therapy
- ✓ Sensitivity: 73-90%
- ✓ High cost and not widely available
- ✓ Most community hospitals do not perform culture and susceptibility antimicrobial testing
- ✓ In vitro antibiotic susceptibility does not necessarily lead to eradication in vivo

Regimens available

Guidelines



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PPI-Clarithromycin triple therapies for 10-14 days

PPI-Clari-Amoxi or Metro (Tinidazole)

Sequential therapy for 10 days

All antibiotics : 5 day of PPI + Amoxi
followed by 5 day of PPI +Claritro + Tinidazole

Concomitant therapy for 10 days

(non bismuth quadruple therapy)

All antibiotics together: PPI + amoxi+ Clari+ Metro (tinidazole)

PPI-Levofloxacin triple therapy for 10 days

PPI Bismuth-based quadruple therapy for 10-14 days

or

-Rifabutin triple therapy for 10 days

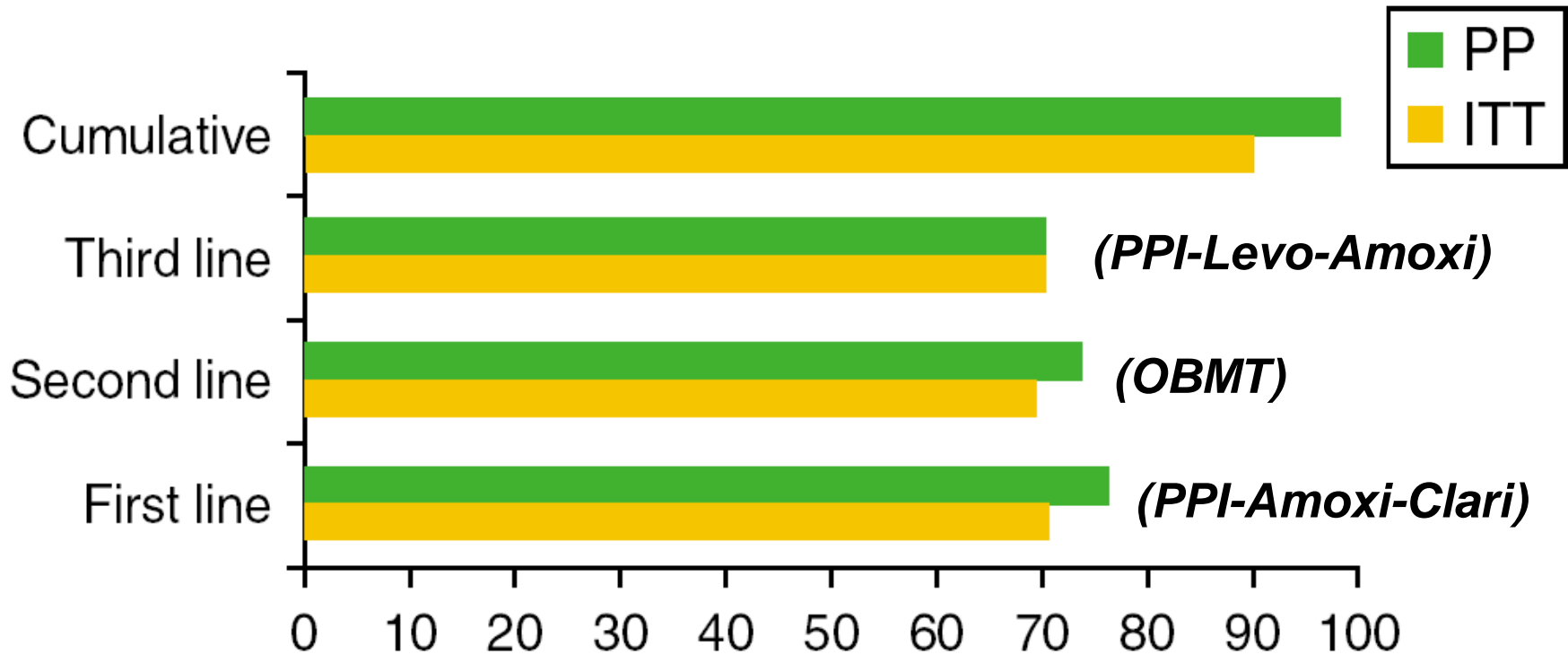
H. Pylori resistance to antibiotics in Europe

Period	1998	2008-2009
Subjects	n. 1274	n. 1893
Antibiotic	% resistant	% resistant
Clarithromycin	9.9	17.5
Metronidazole	33.1	34.9
Levofloxacin	ND	14.1
Amoxicillin	0.8	0.7
Tetracycline	ND	0.9
Rifabutin	ND	1.1

Glupczynski Y et al, Eur J Clin Microbiol Infect Dis 2001

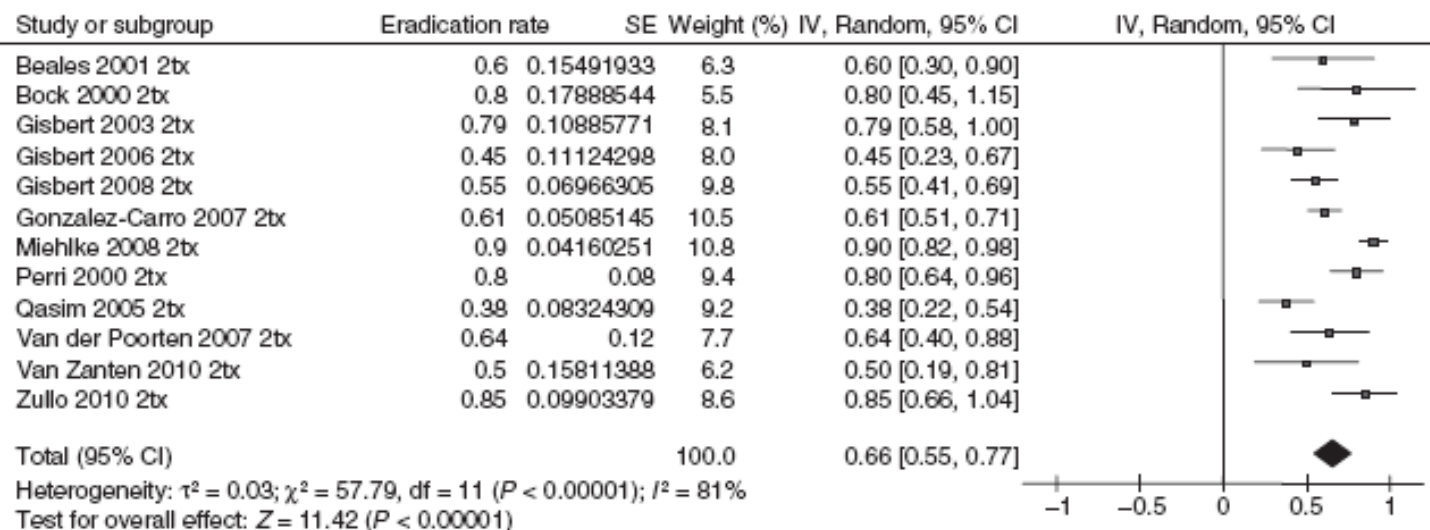
Megraud F et al, Gut 2013

Cumulative *H.pylori* Eradication Rates in Clinical Practice by Adopting an Empirical Third-Line Regimen

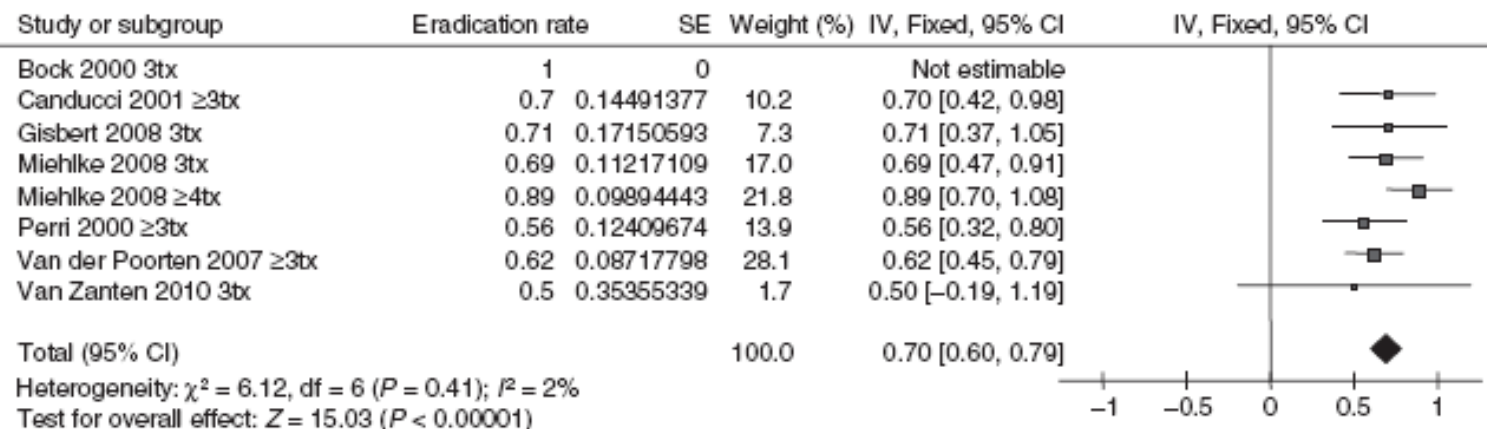


Rifabutin in the treatment of refractory *H.pylori* infection

Third-line



Fourth- or fifth-line



Gisbert and Calvet, APT 2012

My point of view...

- ✓ Colture and standard susceptibility testing may be generally avoided in clinical practice.
- ✓ By adopting first-, second- and third line empirical regimens a high cumulative *H.pylori* eradication rate can be achieved.
- ✓ Colture and standard susceptibility testing are essential for local national resistance survey with appropriate sample sizes that are representative of the general population.
- ✓ Clinicians should take an antibiotic history before prescribing clarithromycin, metronidazole or levofloxacin for *H. pylori*.