Management of *Helicobacter pylori* infection

**First-line treatment**
Amoxycillin, clarithromycin and PPI for 7 days (success rates 85–90%). For patients hypersensitive to penicillin, metronidazole may be substituted for amoxycillin (success rates 80%; pre-treatment clarithromycin or metronidazole resistance reduces the efficacy of this regimen).

**Test of cure**
UBT, Faecal antigen test; (serology not recommended).

**Second-line treatment**
Options include:
- **Quadruple therapy** Bismuth (SAS), PPI, metronidazole and tetracycline for 7–14 days (success rates 80–85%)
- **Rifabutin based therapy** PPI, amoxycillin and rifabutin for 10 days (success rates 65–80%).
- **Levoﬂoxacin based therapy** PPI, amoxycillin and levofloxacin for 10 days (success rate > 85%).

**Culture based** This can be considered after first-line treatment failure, to identify the minority of patients who have a primary metronidazole-sensitive organism. Use PPI, amoxycillin and metronidazole for 7-14 days.

**Test of cure**
UBT, Faecal antigen test; (serology not recommended).

**Third-line treatment**
Specialist advice recommended. Endoscopy, culture and antibiotic susceptibility testing may be indicated. Alternative agents include: furazolidone (SAS), fluoroquinolones, nitazoxanide (SAS), and nitrofurantoin.

**Notes**
Metronidazole can be replaced by tinidazole.

PPI = Proton Pump Inhibitor
UBT = Urea Breath Test
SAS = Special Access Scheme

**Special Access Scheme (SAS)**
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**References**
New England Journal of Medicine 2010, 362:1547–1604,
Lancet Infectious Diseases 2006, 6:699–709
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