

# 幽門螺旋桿菌治療

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Eradication of *Helicobacter pylori* (*H. pylori*) infection, an important causal factor of peptic ulcer disease and gastric cancer, reduces the recurrence rate of peptic ulcer disease, cures two-third of patients with gastric MALT type lymphoma and can even prevent the development of gastric cancer. However, the eradication rate of standard triple therapy has fallen below 80% in many countries. Several strategies, including extending the treatment duration of triple therapy for 14 days, the use of higher proton pump inhibitor (PPI) dosage, the use of levofloxacin-based therapies, and the use of four drug regimens (including quadruple therapy, concomitant therapy, and sequential therapy) have been proposed to improve the efficacy of *H. pylori* eradication. A recent meta-analysis showed that extending the treatment duration of triple therapy to 14 days was superior to the 7 days treatment. A multicenter study showed higher eradication rate of quadruple therapy for 10 days as compared to triple therapy for 7 days in 7 European countries where the prevalence of clarithromycin resistance was higher than 20%. Sequential therapy for 10 days was also shown to be superior to triple therapy for 7 and 10 days in several meta-analyses. However, Greenburg et al. found that standard therapy for 14 days was superior to 10-day sequential therapy and 5-day concomitant therapy in seven Latin American sites. In contrast, Liou et al. showed sequential therapy for 14 days was superior to triple therapy for 14 days in Taiwan. They also showed that antibiotic resistance was the major factors leading to treatment failure. In the decision model analysis, they further found that the differences in the prevalence of clarithromycin and metronidazole resistance might be the explanation for the contradictory results in the literatures. In a recent meta-analysis, Gisbert et al. showed that concomitant therapy was also superior to triple therapy for 7 or 10 days. Another meta-analysis showed that susceptibility testing guided triple therapy was superior to empiric therapy in the first line treatment. Besides, supplementation with probiotics, pronase, acetylcysteine, and simvastatin might also have beneficial effects in the treatment of *H. pylori* infection.

In summary, the optimal regimen and length of treatment in each area should be determined according to the local prevalence of antibiotic resistance. In Taiwan, clarithromycin containing regimens remains the choice of therapy in the first line treatment of *H. pylori* infection. Extending the treatment length to 14 days, the use of higher proton pump inhibitor, and the use of four drug regimens may further increase the efficacy of eradication therapies.