

篩檢陽性者，如何治療？

Treatment of *H. pylori*: Whom and how?

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*Helicobacter pylori* (*H. pylori*) infects approximately 50% of the world population. Its infection is associated with gastropathies, extra-gastric digestive diseases, and diseases of other systems. There is a canonical process from acute-on-chronic inflammation, chronic atrophic gastritis, intestinal metaplasia, dysplasia, and intraepithelial neoplasia, eventually to gastric cancer. The majority of modern publications are devoted to the study of the pathogenic properties of the microorganism in the development of chronic gastritis, peptic ulcer disease, and gastric cancer, as well as methods for its eradication. However, in recent years, there have been more and more studies which have suggested that *H. pylori* has a beneficial, or potentially positive, effect on the human body. Treatment generally includes a combination of classical broad-spectrum antibiotics and a proton-pump inhibitor, which often leads to perturbation of the gut microbiome and the potential for the development of antibiotic resistance. Patients who have failed two or more attempts to eradicate *H. pylori* are commonly referred to as refractory. Although the incidence of refractory *H. pylori* infection is only 10-20%, with the increasing rate of antibiotic resistance in various regions, the treatment of refractory *H. pylori* infection has gradually become a difficult problem faced by clinicians. In 2021, Maastricht VI/Florence consensus recommends that susceptibility tests (molecular or after culture) are routinely performed, even before prescribing first-line treatment, in respect to antibiotic stewardship. However, the generalised use of such a susceptibility-guided strategy in routine clinical practice remains to be established. In the future, we will still face critical issues in *H. pylori* treatment, which we need to address including better to understand and control antibiotic resistance, the improvements in potential treatments/combinations and hope for novel antibiotics.