

Helicobacter pylori eradication rate in carinthian region of Slovenia, 2011–2012

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BACKGROUNDS

Antimicrobial resistance is the leading cause for the treatment failure of *Helicobacter pylori* (HP) infection. In the majority of countries including Slovenia the eradication rate of primary therapy is below 80%. So far, we didn't have any data about HP eradication rate in Carinthian region on the North-East of Slovenia.

METHODS

Retrospective analysis of all patients who underwent eradication treatment for HP infection in Slovenj Gradec General Hospital from 2011 to 2012 was performed. Demographic characteristics of patients and eradication rates after different antimicrobial treatment regimens were analysed. Secondary resistance to antimicrobial agents was calculated from all cases where antimicrobial susceptibility testing was performed.

RESULTS

Total of 324 patients were included in the analysis: 60.2% (n=195) female and 39.8% (n=129) male, mean age 52.1 ± 15.2 years). 7-days triple therapy with proton

pump inhibitor (PPI), amoxicillin and clarithromycin (PAC) was prescribed in 87.7% (n=284) of patients as the first-line treatment, 11.7% (n=38) of patients received 7-days triple therapy with PPI, amoxicillin and metronidazole (PAM) and 0.6% (n=2) of patients received 7-days triple therapy with PPI, clarithromycin and metronidazole (PCM). The eradication rate with the first-line therapy was 70.7% intention to treat (ITT) analysis and 70.9% per protocol (PP) analysis. Cumulative eradication rate for up to four lines of therapy was 89.9% ITT analysis and 99.7% PP analysis. Culture and sensitivity was performed in 16.4% (n=53) of patients. Secondary resistance rates for clarithromycin, metronidazole, levofloxacin, amoxicillin and tetracycline among patients after treatment failure were 84.6%, 70.0%, 7.7%, 2.5% and 0.0%, respectively.

CONCLUSIONS

The eradication rate of the first-line therapy is critically low. However, cumulative eradication rate is still high, but below the eradication rate in Slovenia reported in previous studies. Optimization of the treatment strategies for the HP eradication is needed. Systematic surveillance of antimicrobial resistance of HP is mandatory.

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