

CS454117



"I GOOGLED MY SYMPTOMS AND DOWNLOADED THE TREATMENT TO MY TABLET. ALL YOU HAVE TO DO IS FOLLOW THIS..."

# Helicobacter pylori tratam sau nu tratam?



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Gastroenterologie  
Fundeni



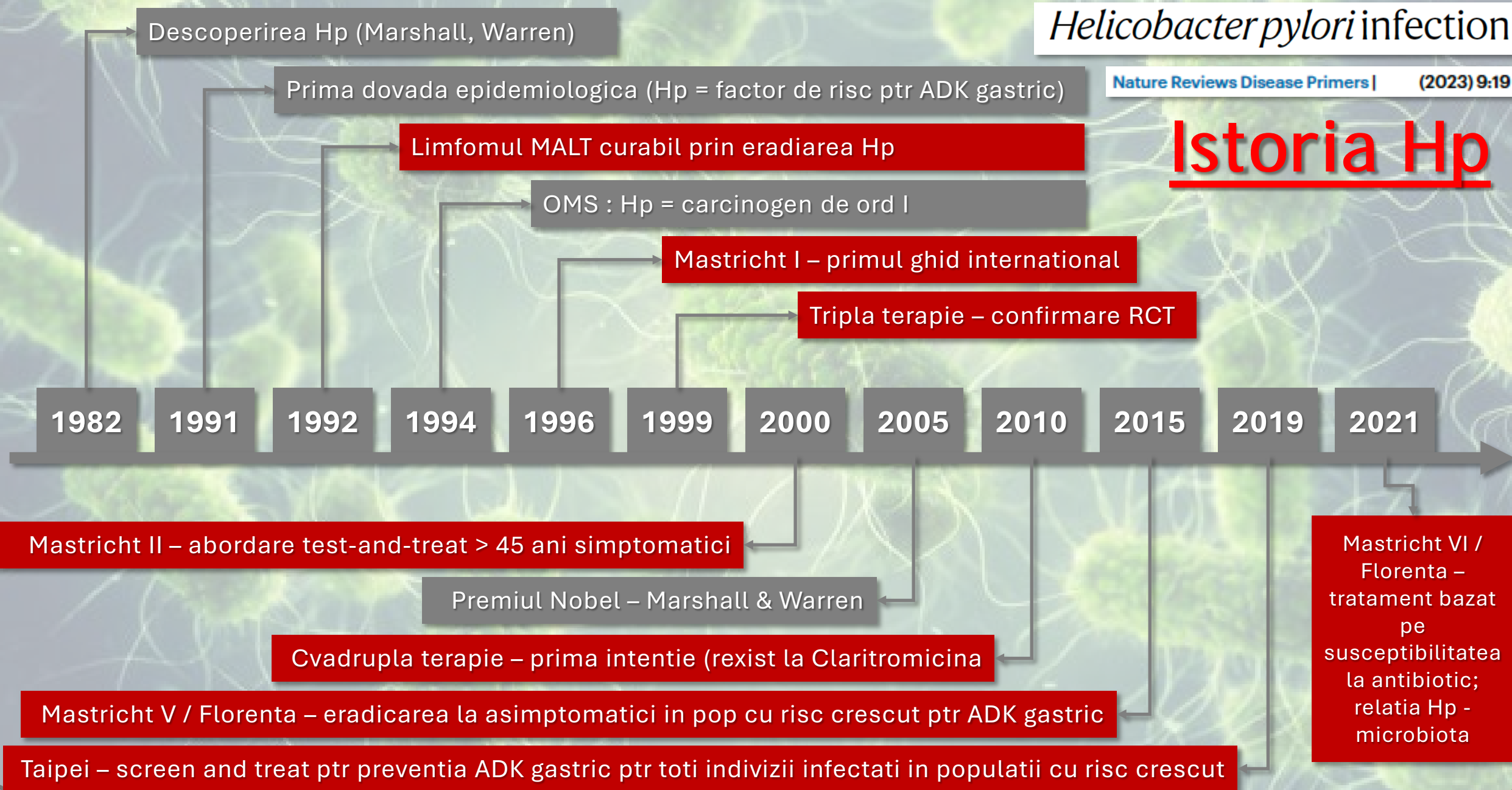
# Infectia cu Hp

- Bacterie spiralata, Gram-negativa, adaptata sa supravietuiasca in mediul acid "neprietenos" al stomacului uman
- Una dintre cele mai comune infectii cronice bacteriene a oamenilor la nivel global
- Cauza principala a unui cancer asociat unei infectii - OMS: carcinogen de grup I (definit)
- Toti indivizii care nu scapa spontan de infectie dezvoltă infectie cronică
- Majoritatea celor infectati raman asimptomatici si nu dezvoltă consecinte clinice semnificative; totusi unii pot dezvoltă o serie de consecinte clinice benigne sau maligne

# *Helicobacter pylori* infection

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## Istoria Hp



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## Diagnostic

### Invasive tests

Gastroscopic biopsies from antrum and/or corpus with or without angulus

Formalin-embedded tissue samples

- Histology for gastritis grading and staging
- Direct detection via PCR, qPCR or FISH
- AST via NGS

Fresh tissue samples

- Rapid urease test
- Microbial culture
- AST using different antimicrobials
- AST via NGS or RT-PCR

### Non-invasive tests

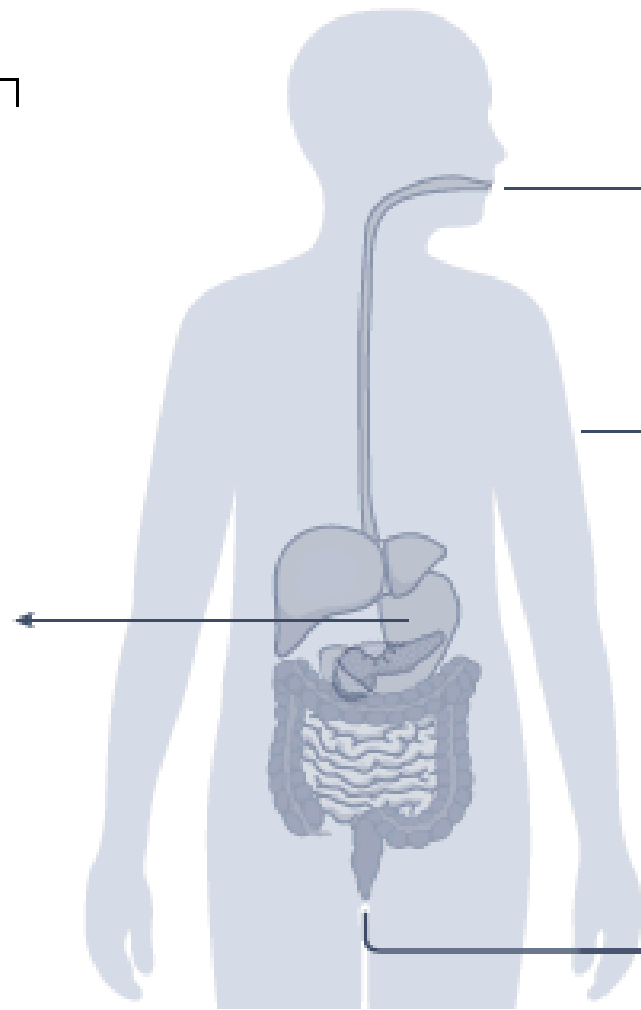
<sup>13</sup>C-urea breath test

Serological antibody detection

Stool antigen test

AST via NGS

Direct detection in stool via PCR



# Diagnostic

## • Biopsii gastrice

- Test rapid / histologie / culturi / detectie directa prin PCR
- Test rapid
  - leftin; specificitate 95%-100%
  - IPP intrerupt 14 zile anterior

## • Test serologic

- Test de screening in scenarii clinice specifice
- Nu face distinctia intre infectia activa si cea anterioara (Acc persista timp indelungat)

## • Testul respirator

- Sensibilitate si specificitate inalte (95%-100%)

## • Testul din materiile fecale

- Metoda imunologica ce detecteaza Ag Hp

## • Testul susceptibilitatii la AB

- Daca prima eradicare a esuat sau stim ca exista rezistenta la anumite antibiotice

Peter Malfertheiner<sup>1,2</sup>, M. Constanza Camargo<sup>3</sup>, Emad El-Omar<sup>4</sup>, Jyh-Ming Liou<sup>5</sup>, Richard Peek<sup>6</sup>, Christian Schulz<sup>17</sup>, Stella I. Smith<sup>8</sup> & Sebastian Suerbaum<sup>7,8,10</sup>

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# Indicatii pentru testare

1. Ulcer peptic activ sau in APP
  2. Limfom MALT low-grade
  3. Istoric de rezectie endoscopica ptr ADK gastric precoce
  4. Dispepsie neinvestigata la pacienti <50 ani, fara simptome de alarma
  5. Dispepsie non-ulceroasa investigata (dispepsie functionala)
  6. Rudele de grd I ale pacientilor cu ADK gastric
  7. Prima generatie de imigranti dintr-o arie cu prevalenta crescuta a infectiei cu Hp
  8. Anemie feripriva de cauza inexplicabila, cand au fost excluse alte cauze
  9. Trombocitopenia imuna la adulti
  10. Utilizare IPP pe termen lung
  11. Tratament pe termen lung cu AINS si ASA, la indivizi cu riscuri aditionale
- La copii ... numai daca sunt prezente sau suspectate complicatii

| Indications for testing  | Recommendation <sup>a</sup> |      | Refs.      |
|--|-----------------------------|------|------------|
|  | Strong                      | Weak |            |
| Active or history of peptic ulcer disease  | x                           |      | 42,86      |
| Low-grade gastric mucosa-associated lymphoid tissue lymphoma   | x                           |      | 86,337,338 |
| History of endoscopic resection of early gastric cancer  | x                           |      | 86,219     |
| Non-investigated dyspepsia in patients <50 years of age with no alarm symptoms                       | x                           |      | 42,86      |
| Investigated non-ulcer dyspepsia (functional dyspepsia)  | x                           |      | 42,86      |
| First-degree relatives of patients with gastric cancer   | x                           |      | 42,86,214  |
| First-generation immigrant from an area with high prevalence of <i>Helicobacter pylori</i> infection | x                           |      | 42,86      |
| Unexplained iron-deficiency anaemia when other causes have been excluded                             | x                           |      | 42,86      |
| Immune thrombocytopenia in adults  | x                           |      | 42,86      |
| Long-term proton pump inhibitor use  | x                           |      | 42,86      |
| Long-term acetylsalicylic acid and long-term NSAIDs, in consideration of individual additional risks |                             | x    | 42,86,211  |

# Management

## • Principiu general

- Gastrita cu Hp = boala infectioasa
  - Toti adultii cu o infectie necesita terapie ptr vindecare, daca exista simptome clinice si/sau complicatii sau ptr preventii daca exista risc ptr complicatii chiar la asimptomatici

## • Strategii “test-and-treat” pe baza unor scenarii clinice

### • Strategia “test-and-treat”

- Testare non-invaziva (test respirator sau din MF) la pts cu simptome dispeptice fara semne de alarma (varsaturi, scadere ponderala, anemie) la 50 ani
  - Leziunile GI serioase sunt foarte rare
  - Abordare utila ca abordare initiala in zone cu incidenta scazuta sau intermediara a ADK gastric
  - Abordare superioara IPP empiric si mai cost-eficienta decat management pe baza endoscopiei

### • Diagnostic pe baza endoscopiei

- Necesara ptr excluderea conditiilor preneoplazice sau a bolii maligne la pts cu simptome dispeptice de tub dig sup si varsta >50 ani sau la orice varsta cu simptome de alarma
- La pts ce necesita utilizare de AINS
- Poate fi utila la cei anxiosi (fiind explorare obiectiva)

### • “Test-and-treat” ptr preventia ADK gastric

- Indivizi asimptomatici cu risc crescut de ADK gastric, de exemplu rude de grd I ale celor cu aceasta malignitate
- Test respirator si cel din Mf sunt adecvate ptr adulti mai tineri
- Diagnostic endoscopic ptr cei peste 45 ani sau chiar mai devreme (in functie de varsta rudei cu ADK gastric)

### • “Test-and-treat” la nivel populational

- In regiuni cu incidenta crescuta a ADK gastric
- Test serologic + determinare de pepsinogen asigura obtinerea de informatii utile ptr etiologie si stadiul atrofiei gastrice

Peter Malfertheiner<sup>1,2</sup>, M. Constanza Camargo<sup>3</sup>, Emad El-Omar<sup>4</sup>, Jyh-Ming Liou<sup>5</sup>, Richard Peek<sup>6</sup>, Christian Schulz<sup>1,7</sup>, Stella I. Smith<sup>8</sup> & Sebastian Suerbaum<sup>7,9,10</sup>

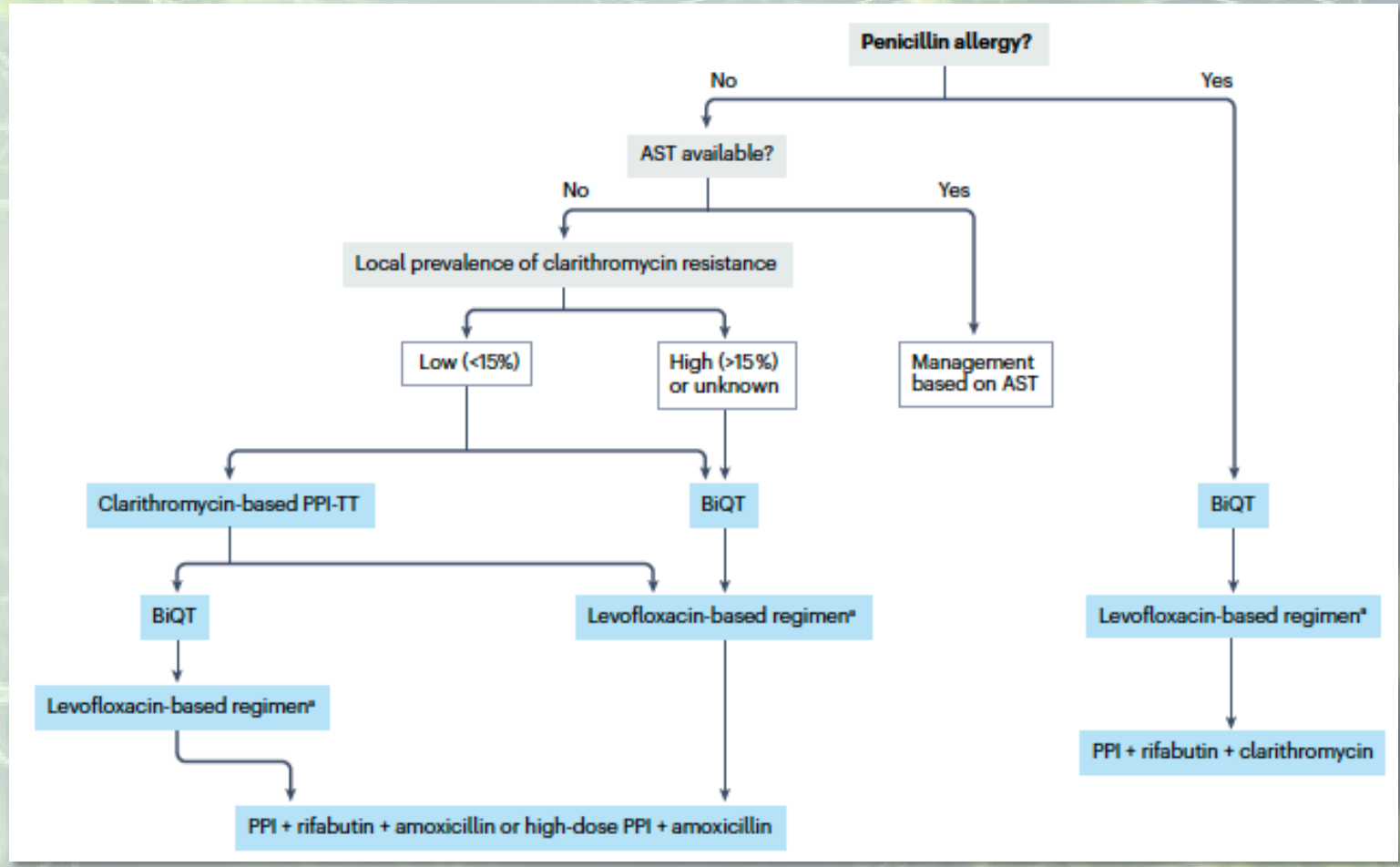
*Helicobacter pylori* infection

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## Management alegerea tratamentului (IPP + antibiotice)

Alergie la penicilina  
 AST disponibil  
 Prevalenta rezistentei  
 la claritromicina  
 Claritromicina  
 Levofloxacina  
 Rifabutina
















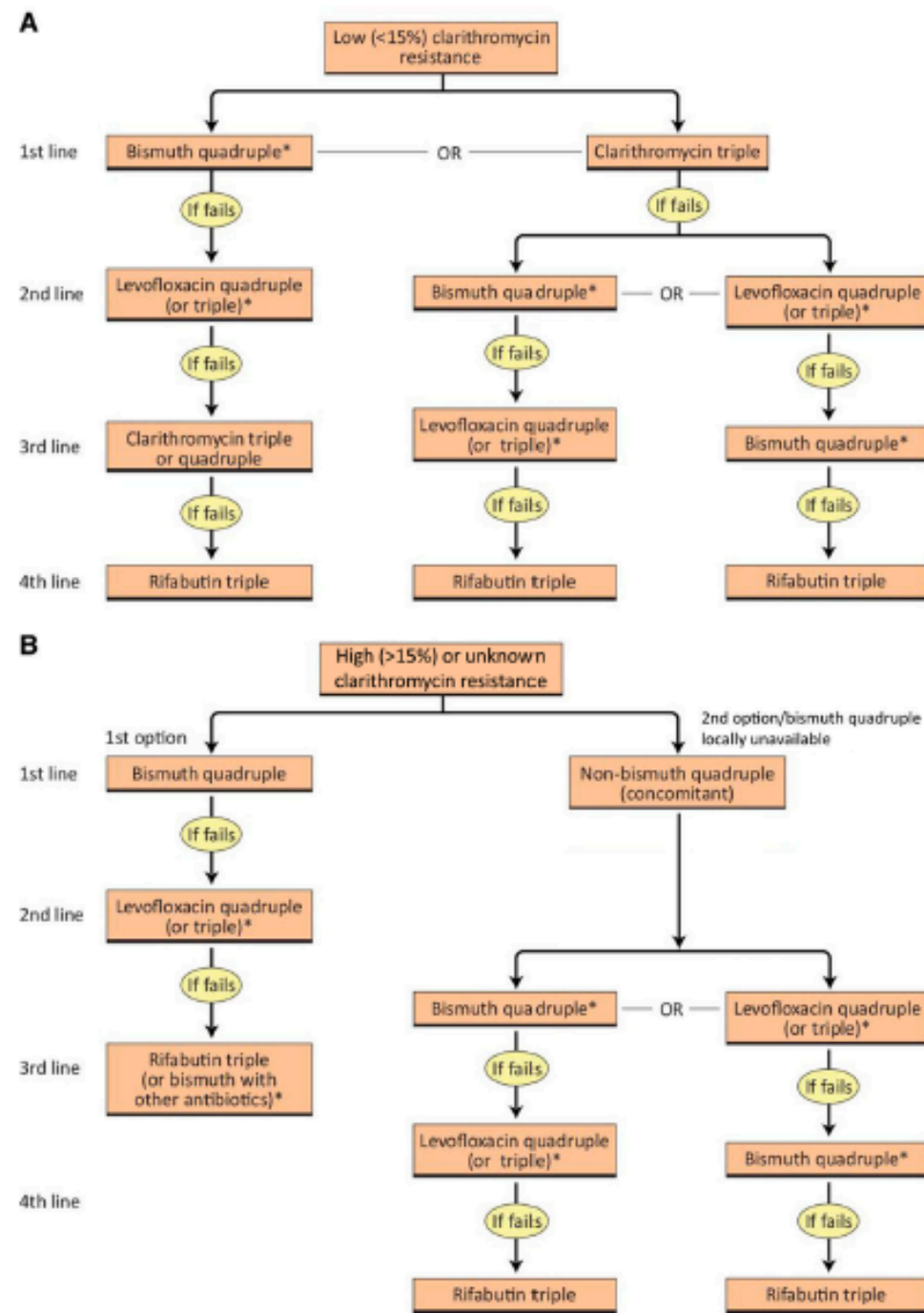
# Management

Europa - alegerea tratamentului  
(IPP + antibiotice)

## Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner <sup>1,2</sup> Francis Megraud <sup>3</sup> Theodore Rokkas <sup>4,5</sup>  
 Javier P Gisbert <sup>6,7</sup> Jyh-Ming Liou <sup>8</sup> Christian Schulz <sup>1,9</sup>  
 Antonio Gasbarrini,<sup>10</sup> Richard H Hunt,<sup>11,12</sup> Marcis Leja <sup>13,14</sup> Colm O'Morain,<sup>15</sup>  
 Massimo Rugge <sup>16,17</sup> Sebastian Suerbaum,<sup>9,18</sup> Herbert Tilg <sup>19</sup>  
 Kentaro Sugano <sup>20</sup> Emad M El-Omar <sup>21</sup> On behalf of the European  
 Helicobacter and Microbiota Study group

Malfertheiner P, et al. *Gut* 2022;**71**:1724–1762. doi:10.1136/gutjnl-2022-327745



# Management USA

- Tripla terapie (5-14 zile)
  - IPP + Amoxi + Claritro
  - IPP? - esome, rabe, panto?
  - Metronidazol
  - Rezistenta la Cla - 15%-30%
  - Rezistenta la MTNDZ >25%
  - Levofloxacina / tetraciclina
  - Rifabutina (rezistenta <1%)
  - P-CABs - potassium competitive acid blocker

- Cvadrupla terapie pe baza de preparate de bismut

**ACG Clinical Practice Guideline**

**Treatment of *H. pylori* Infection in North America**

| Regimen                     | Treatment Naïve | Treatment-Experienced (Salvage) |                               | Penicillin Allergy |
|-----------------------------|-----------------|---------------------------------|-------------------------------|--------------------|
|                             |                 | Empiric                         | Proven antibiotic sensitivity |                    |
| Optimized Bismuth Quadruple | ✓✓✓             | ✓✓                              | ✓✓                            | ✓✓✓*               |
| Rifabutin Triple            | ✓✓              | ✓✓                              | ✓✓                            |                    |
| Vonoprazan Dual             | ✓✓              | ?                               | ?                             |                    |
| Vonoprazan Triple           |                 |                                 | ✓✓                            |                    |
| Levofloxacin Triple         |                 |                                 | ✓✓                            |                    |

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

Chey et al. *Am J Gastroenterol.* 2024.

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## Efecte adverse

30-70%

Modificari ale gustului

Greata / varsaturi /  
ameteți

Cefalee

### Diaree

- 1-15%
- Disbioza tranzitorie / patogeni oportunistici (f rar CD)
- Probioticele – efect inconsistent

Simptome GI  
nespecifice

Coloratie intunecata a  
limbii / MF (preparatele  
de bismut)



# Mesaje de luat acasa

- **Diagnostic - infectie activa!**
  - Test endoscopic + test din MF
  - NU anticorpi!
- **Tratam ... pacienti simptomatici**
  - Simptome care sa aibe legatura cu locul unde "traieste" Hp
- **Tratament**
  - IPP de buna calitate + 2 antibiotice