

Comparison of Helicobacter pylori eradication rate between non-ulcer dyspepsia and peptic ulcer disease patients according to proton pump inhibitors

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Background : Eradication of Helicobacter pylori infection leads to cure of peptic ulcer disease(PUD) and may also have beneficial effects in nonulcer dyspepsia(NUD) in infected patients. There have been conflicting results with regard to the eradication rates of proton pump inhibitor(PPI) based triple therapy in patients with PUD and with NUD. Nowadays, many new proton pump inhibitors have become commercially available and PPI based triple therapy has become the standard eradication regimen. **Aim** : To investigate whether any difference in H. pylori eradication rate between PUD and NUD according to different PPI based triple therapy exist. **Methods**: From September 2004 through March 2007, we retrospectively studied 2185 patients with NUD(982 patients) and PUD(1203 patients) patients infected with H.pylori. They were treated with the eradication regimen(PPI plus clarithromycin plus amoxicillin) based on one of five PPIs(pantoprazole, esomeprazole, omeprazole, lansoprazole, rabeprazole) for 1 week. The follow up H. pylori test was performed 4 weeks after the completion of therapy. **Results** : Overall eradication rate was 86.6%. There was no significant difference in H. pylori eradication rate between patients with NUD (86.8%) and patients with PUD (86.5%) (P=0.876) There was no significant difference in H. pylori eradication rate among five PPIs in overall patients and in PUD patients.(P=0.267) But, lansoprazole based triple therapy groups showed lower eradication rate than other PPI based therapy groups. (lansoprazole 71.7% vs. pantoprazole:85.0% vs. esomeprazole:80.4% vs. omeprazole:89.1% vs. rabeprazole:85.4%) (p<0.05) in NUD patients. **Conclusion** : There was no significant difference in H.pylori eradication rate between PUD and NUD according to different PPI based triple therapy. Only lansoprazole based triple therapy showed slightly lower eradication rate than other PPI-based triple therapy groups in NUD patients.

The efficacy of adding eupatilin to proton pump inhibitor based triple therapy for Helicobacter pylori eradication in peptic ulcer.

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Background : Eupatilin(Stillen®) is the phytopharmaceutical derived from Artemisia asiatica. It has been reported as having antioxidative, anti-inflammatory and cytoprotective actions in gastric mucosal damage. The aim of this study was to evaluate the effectiveness of eupatilin along with proton pump inhibitor(PPI) based regimen in Helicobacter pylori eradication of peptic ulcer patients. **Methods** : The medical records of 413 endoscopy-proven peptic ulcer and positive- H. pylori patients between January 2006 and March 2007 in Bundang Seoul National University Hospital were reviewed. H. pylori infection was confirmed by endoscopic biopsy or CLO test. The eradication was assessed by the C13-urea breath test at 4 weeks after the end of treatment. **Results** : The eradication rate of total 413 patients was 83.8%. 363 patients were treated with one-week triple therapy (PPI, Amoxicillin 1g, Clarithromycin 500mg all twice daily). We used one of those PPIs: Omeprazole, Pantoprazole, Lansoprazole, Esomeprazole and Rabeprazole. The eradication rate of triple therapy only group was 84.3%. 31 patients were treated with adding eupatilin to triple therapy. The eradication rate of triple therapy with eupatilin group was 77.4%. 19 patients were treated with another regimens and were excluded. The eradication rate with eupatilin was lower, but there was no statistical significance(p-value=0.314). **Discussion** : Adding Eupatilin to triple therapy did not improve the H. pylori eradication rate in peptic ulcers. Prospective, multicentered large-randomized trail will be needed to evaluate the more accurate effectiveness of eupatilin as a adjuvant for H. pylori eradication.