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### Comparison of results of rapid urease test (RUT) and PCR after *Helicobacter pylori* (*H. pylori*) eradication therapy in peptic ulcer disease patients at a medical university hospital

In this study 63 *H. pylori* positive patients with peptic ulcer disease were randomized for eradication therapy for two weeks. Four regimens were used : ECA consisting of Esemoprazole (20 mg bid), Clarithromycin (500mg bid) and Amoxicillin (1 gm bid), EAL-consisting of Esemoprazole (20 mg bid), Amoxicillin (1gm bid), Levofloxacin (500 mg once daily), EAT consisting of Esemoprazole (20 mg bid), Amoxicillin (1gm bid), Tetracycline (500 mg bid) and ETL consisting of Esemoprazole (20 mg bid), Tetracycline (500 mg bid) and Levofloxacin (500 mg once daily). Out of 63 patients 13 dropped out. Six weeks after completion of therapy upper GI endoscopy was repeated to see endoscopic improvement and RUT and PCR for *H. pylori* was carried out. Conclusive result was obtained in 40 cases in RUT and PCR could be done in 37 cases. PCR positivity was considered when Vac A s<sub>1</sub>m<sub>1</sub> or s<sub>1</sub>m<sub>2</sub> or m<sub>2</sub>s<sub>1</sub> were found to be positive. Eradication therapy showed no statistically significant difference in different regimens (p> 0.05). Thirty six patients were found to be RUT negative and 4 were found to be RUT positive. While RUT after eradication therapy showed 90% eradication rate PCR showed only 40.5% eradication rate. If PCR negativity is considered as successful eradication, this result is alarming. PCR positivity with negative RUT after eradication therapy in our patients may be explained by possible high percentage of the dead or coccoid form of *H. pylori* after antibiotic treatment.

#### Recent Publications:

1. Bode G, Mauch F and Malferttheiner P (1993) The coccoid forms of *Helicobacter pylori*: criteria for their viability. *Epidemiology Infection*. 111(3):483-490.
2. Chan W Y et al. (1994) Coccoid forms *Helicobacter pylori* in the human stomach. *Am. J. Clin. Pathol*. 102(4):503-507.
3. Hulten K et al. (1996) *Helicobacter pylori* in the drinking water in Peru. *Gastroenterology*. 110(4):1031-1035
4. Moayyedi P and Dixon MF (1998) Any role left for invasive tests? histology in clinical practice. *Gut Suppl*. 1:S51-S55.
5. Falush D et al. (2001) Recombination and mutation during long-term gastric colonization by *Helicobacter pylori*: estimates of clock rates, recombination size, and minimal age. *Proc. Natl. Acad. Sci. USA*. 98(26):15056-15061.

#### Biography

Anisur Rahman is citizen of Bangladeshi. He passed HSC from Notre Dame College Dhaka. In 1999, He completed MBBS from Sir Salimullah Medical College and Mitford Hospital. He obtained MD (gastroenterology) degree from Bangabandhu Sheikh Mujib Medical University in 2012. He joined BCS (Health Cadre) under Ministry of health and family welfare of the people's republic of Bangladesh in 2006 and worked in different reputed hospitals in Bangladesh. He is a member of Bangladesh Gastroenterology Society. Now He is working as an Assistant Professor of Gastroenterology in Sher -E - Bangla Medical College, Barishal, Bangladesh. He was working in the field of *Helicobacter Pylori* since 2010 and he has special interest in the field of *Helicobacter Pylori*.

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