## ELABORATION OF DIFFERENT HELICOBACTER PYLORI ERADICATION REGIMENS FOR DUODENAL ULCER PATIENTS

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**Introduction and purpose**: To investigate the efficacy of proton pump inhibitors (PPIs), probiotics and different mineral water in patients with Helicobacter pylori (Hp)-positive duodenal ulcer and to elaborate the optimal Hp eradication regimens in such patients.

Materials and methods. In this study 250 Hp-positive patients with duodenal ulcer were randomized into 5 groups, 50 patients in each. Hp infection was confirmed by a histological examination of samples obtained from the antrum and corpus of stomach during endoscopy and non-invasive Breath HELIK-Test. Intragastric and intraduodenal pH-metry, blood analyses also were performed. The following eradication regimens were recommended: Group I: 10-days twice daily oral administration of PPIs in standard dose, amoxicillin 1000 mg, clarithromycin 500 mg, then 20-days twice daily PPIs; Group II: the same treatment plus once daily oral administration of probiotics, containing Lactobacillus bulgaricus DDS-14, Lactobacillus rhamnosus, Lactobacillus acidophilus DDS-1 and Bifidobacterium bifidum during one month; Group III: PPIs and probiotics once daily and alkaline hydrocarbonate-chloride sodium mineral water Essentuki-4 200 ml trice daily during one month; Group IV: PPIs and probiotics once daily and chloride sodium mineral water Minsk-4 200 ml trice daily during one month. Therapeutic success was confirmed by a negative histological examination and Breath HELIK-Test, performed in 4-12 weeks after therapy.

Results. 82% of patients had pain syndrome and 70% - dyspeptic complaints. In 50% of patients of group I increased the frequency of dyspeptic complaints and in 42% of them such complaints appeared for the first time. In Group II dyspeptic complaints disappeared in 74%, and decreased in 20%. Disappearance of dyspeptic complaints was 78%, 76%, 74% in III, IV and V groups respectively. Decrease of dyspeptic complaints was 20%, 22%, 24% in III, IV and V groups respectively. The eradication rate of Helicobacter pylori were 70%, 82%, 80%, 78% and 68% in I, II, III, IV and V groups, respectively. Healing of duodenal ulcer was noted in 82%, 84%, 86%, 84% and 78% of cases, in I, II, III, IV and V groups, respectively. Intragastric and intraduodenal pH was significantly increased in all groups, especially in III. After treatment in group I significantly increased alanine transaminase, asparagines transaminase, alkaline phosphatase, and triglycerides, which must be noted as drug-related side effects of clarithromycin-based triple therapy. In group II such changes did not happen. In III IV and V groups significantly decreased alanine transaminase, asparagines transaminase, blood bilirubin, alkaline phosphatase, cholesterol and triglycerides.

Conclusions. Standard clarithromycin-based triple eradication therapy causes or increases the frequency of dyspeptic complaints related with antibiotics has low efficacy and hepatotoxic effect. Adding probiotics to standard triple therapy improves efficacy of eradication. The combined use of PPIs, probiotics and alkaline hydrocarbonate-chloride sodium mineral water is a highly-effective alternative therapy in patients with Hp-associated duodenal ulcer. This regimen may especially be helpful in patients with a history of gastrointestinal adverse effects with antibiotics, comorbid patients with diseases of the hepatobiliary system and the metabolic syndrome.









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