FOUR-DRUG "CONCOMITANT THERAPY" VERSUS "STANDARD TRIPLE THERAPY" FOR HELICOBACTER PYLORI ERADICATION.

Thesis

For partial fulfillment of master degree in internal medicine

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2012

بسم الله الرحمن الرحيم

قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ
أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

سورة البقرة (الآية 32)

ACKNOWLEDGMENT

Before all, Thanks to ***ALLAH****.*

I would like to express my profound gratitude to ***Professor Doctor/Mohammad Abdulhameed Al-Bokl,*** *Professor of Internal Medicine, Faculty of Medicine, Ain Shams University for his most valuable advises and support all through the whole work and for dedicating much of his precious time to accomplish this work.*

My special thanks and deep obligation to ***Doctor/Sherif Sadek Shabana,*** *Lecturer of Internal Medicine, Faculty of Medicine, Ain Shams University for his continuous encouragement, supervision and kind care.*

Ali Ibrahim Ali

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INTRODUCTION & AIM OF THE WORK

INTRODUCTION

Helicobacterpylori is a microaerophilic, gram-negative bacterium that generally exists in a spiral or corkscrew shape ***(Marshall 1984)(Goodwin 1989).***It is a neutrophilic organism, despite its ability to thrive in an acid milieu***(Sachs 2003).*** In humans, the gastric mucosa is the only niche for *H. pylori****(Blaser 2004)(Kusters 2006).****H. pylori*exists primarily deep within the gastric mucosal layer***(Blaser 2005)(Atherton 2006),***although a small number can be attached to the mucosal epithelial cells via adhesion proteins***(Clyne 2004)(Kim 2004).*** It is indigenous to humans and infects at least 80% of people in developing countries and 30-40% of people in Western nations***(Taylor 1991)(Pounder 1995) (Parsonnet 1999)(Perez-Perez 2004).***The incidence of *H. pylori*infection in developing countries is relatively stable, whereas it is declining significantly in Western nations***(Genta 2002).***

Typically, *H. pylori*infection occurs in early childhood and most likely develops as a result of vertical, direct human-human transmission within close family members***(Goodman 2000)(Kivi 2003)(Raymond 2004)(Konno 2005)(Rowland 2006).*** Without treatment, it persists for a lifetime***(Blaser 2005)(Atherton 2006) (Kusters 2006).***The majority of individuals who acquire *H. pylori*do not develop acute symptomatology, although chronic, diffuse superficial gastritis commonly occurs***(Blaser 2004)(Kusters 2006).*** Chronic infection with *H. pylori*is the primary cause of peptic and gastric ulcerations, distal gastric adenocarcinoma, and gastric lymphoma***(Blaser 2005) (Atherton 2006) (Kusters 2006).***It may also be associated with extra-gastrointestinal pathology including immune thrombocytopenia purpura ***(Jackson 2005) (Bohr 2007).***In addition, it can alter the bioavailability of various agents such as iron, levodopa, and thyroxine***(Pietroiusti 2008).***

Untreated *H. pylori*infection causes increased morbidity and mortality worldwide. Given the increasing rate of eradication failure associated with standard triple regimens, estimated to be 15-30 %***(Chey 2007),*** ef-

fective salvage therapies should be explored. The objective of this studyis to describe efficacy of concomitant therapy as on alternative to standard triple therapy, for the eradication of *H. pylori*infection.

AIMOF THE WORK

Helicobacterpylori eradication rates with standard triple therapy have declined to unacceptable levels. The aim of this work is to compare four- drug “concomitant therapy” with standard triple therapy for *Helicobacter Pylori*Eradication.

REVIEW OF LITERATURE