

#### Determination of Helicobacter Pylori Antibiotic Resistance Patterns in Pediatric Gastroenterology Patients

#### **Thesis**

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# List of Contents

Title	Page No.
List of Tables	i
List of Figures	v
List of Abbreviations	vii
Introduction	1
Aim of the Work	17
Review of Literature	
Helicobacter Pylori	21
Treatment of H. Pylori	46
<ul> <li>Drug Resistance Mechanisms and Trends</li> </ul>	54
Patients and Methods	62
Results	78
Discussion	127
Conclusion	138
Recommendations	140
Summary	143
References	146
Arabic Summary	

# List of Tables

Table No.	Title	Page No.
Table (1):	Invasive diagnostic tests based on biopsies for H. pylori	
Table (2):	Noninvasive diagnostic tests for H. py	
Table (3):	Demographic data	
Table (4):	Analysis of symptoms	
Table (5):	Dietetic history.	
Table (6):	Associated loss of weight and loss of a	
Table (7):	Relevant past and family history	
Table (8):	Previous treatment to H. pylori	86
<b>Table (9)</b> :	History of previous intake of metronic	dazole 87
Table (10):	Weight of patient	88
Table (11):	Hemoglobin of patients	88
Table (12):	Cardiac and chest examination	88
Table (13):	Endoscopic findings	89
Table (14):	Pattern of resistance of antibiotics	91
Table (15):	Comparisons between the group sens	itive and
	the group resistant of amoxicillin r	egarding
	age and analysis of symptoms	92
Table (16):	Comparisons between the group sens	
	the group resistant of amoxicillin r	egarding
	dietetic history	
Table (17):	Comparisons between the group sens	
	the group resistant of amoxicillin	_
	previous ttt to H. pylori	
Table (18):	Comparisons between the group sens	
	the group resistant of amoxicillin r	
()	weight on centile	
Table (19):	Comparisons between the group sens	
	the group resistant of amoxicillin r	~ ~
m 11 (22)	endoscopic findings.	
Table (20):	Logistic regression analysis for pred	
	resistance on amoxicillin	97

### List of Tables cont...

Table No.	Title	Page No.
Table (21):	Comparisons between the group the group resistant of regarding age and analysis of sy	clarithromycin
Table (22):	Comparisons between the group the group resistant of cregarding dietetic history	sensitive and clarithromycin
Table (23):	Comparisons between the group the group resistant of regarding previous ttt to H. pylo	sensitive and clarithromycin
Table (24):	Comparisons between the group the group resistant of	sensitive and clarithromycin
Table (25):	regarding weight on centile Comparisons between the group the group resistant of	sensitive and clarithromycin
Table (26):	regarding endoscopic findings Logistic regression analysis for resistance on clarithromycin	r predictors of
Table (27):	Comparisons between the group segroup resistant of metronidazole and analysis of symptoms	regarding age
Table (28):	Comparisons between the group the group resistant of regarding dietetic history	sensitive and metronidazole
Table (29):	Comparisons between the group the group resistant of regarding previous ttt to H. pylo	sensitive and metronidazole
Table (30):	of previous intake of metronidaz Comparisons between the group the group resistant of	sensitive and metronidazole
Table (31):	regarding weight on centile Comparisons between the group the group resistant of regarding endoscopic findings	sensitive and metronidazole

# List of Tables cont...

Table No.	Title	Page No.
Table (32):	Logistic regression analysis for	predictors of
	resistance on metronidazole	
Table (33):	Comparisons between the group s	sensitive and
	the group resistant of tetracyclin	ne regarding
, ,	age and analysis of symptoms	
Table (34):	Comparisons between the group s	
	the group resistant of tetracyclin	
m 11 (or).	dietetic history.	
Table (35):	Comparisons between the group s	
	the group resistant of tetracyclic previous ttt of H. pylori	0
Table (36):	Comparisons between the group s	
Table (60)	the group resistant of tetracyclin	
	weight on centile	
Table (37):	Comparisons between the group s	
	the group resistant of tetracyclin	
	endoscopic finding	112
Table (38):	Logistic regression analysis for	-
	resistance on Tetracycline	
Table (39):	Comparisons between the group s	
	the group resistant of levofloxac	0 0
Table (40):	age and analysis of symptoms	
Table (40).	Comparisons between the group s the group resistant of levofloxac	
	dietetic history	
Table (41):	Comparisons between the group s	
14510 (11)	the group resistant of levofloxac	
	previous ttt to H. pylori	
Table (42):	Comparisons between the group s	
	the group resistant of levofloxac	
	weight on centile	117

# List of Tables cont...

Table No.	Title	Page No.
Table (43):	Comparisons between the group sen	egitive and
1 able (45).	the group resistant of levofloxacin	
	endoscopic finding	
Table (44):	Relation between multi drug resis	
Table (11)	age, analysis of symptoms	
Table (45):	Relation between multidrug	
14510 (10)	pattern and dietetic history	
Table (46):	Relation between multidrug	
14,510 (10)	pattern and previous ttt of H. pylo	
	of previous intake of metronidazole.	
Table (47):	Relation between multidrug	
, ,	pattern and weight on centile	
Table (48):	Relation between multidrug	
	pattern and endoscopic finding	124
Table (49):	Logistic regression analysis for pre-	edictors of
	multi-drug resistance	126
Table (50):	Correlation between hemoglobin lev	el and the
	other studied parameters	126

# List of Figures

Fig. No.	Title	Page No.
Figure (1):	H. pylori virulence factors	25
Figure (2):	Bacterial factors responsible for vi	
rigure (2).	of H. pylori	
Figure (3):	Rapid Urease Tsest	
Figure (4):	Resistance mechanism of antibiotic	
Figure (5):	Helicobacter pylori associated pept	
riguie (0).	in the duodenal bulb.	
Figure (6):	Helicobacter pylori nodular gastrop	
Figure (7):	Helicobacter pylori induced	
riguic (1)	gastric erythema	
Figure (8):	Rapid urease positive test	
Figure (9):	H. pylori colonies	
Figure (10):	H. pylori by gram stain	
Figure (11):	TE sensitive isolate	
Figure (12):	MTZ resistant and LEV sensitive is	
Figure (13):	AML sensitive and MTZ resistant i	
Figure (14):	TE, CLA and LEV sensitive isolate	
Figure (15):	MTZ resistant and LEV sensitive is	solate76
Figure (16):	AML and MTZ resistant isolate	76
Figure (17):	Shows the percentage of male p	atients
	60% while female patients 40%	
Figure (18):	Shows the percentage of pre	senting
_	symptom	
Figure (19):	Shows the location of pain	83
Figure (20):	Shows the descriptive analysis of	dietetic
	history	84
Figure (21):	Shows associated loss of weight a	nd loss
	of appetite.	
Figure (22):	Shows that relevant past and	family
	history	
Figure (23):	Shows the percentage of end	-
	findings.	90
Figure (24):	Shows classification of gastric erytle	nema90

# List of Figures cont...

Fig. No.	Title Page No.
Figure (25):	Shows pattern of resistance of antibiotics91
Figure (26):	Shows that increase age in resistant
Figure (27):	group to amoxicillin
Figure (28):	resistance and excessive intake of fat94 Shows the relation between clarithromycin
	resistance and excessive intake of fat99
Figure (29):	Relation between metronidazole resistance history of previous intake of
E: (00):	metronidazole
Figure (30):	Relation between metronidazole resistance and gastric erythema
Figure (31):	Relation between tetracycline resistance
Figure (32):	and gastric erythema
rigure (52).	Relation between tetracycline resistance and duodenal ulcer113
Figure (33):	Relation between levofloxacin resistance
119410 (00)	and duodenal nodularity119
Figure (34):	Relation between multi drug resistance
<b>3</b>	and age121
Figure (35):	Relation between multidrug resistance
	pattern and excessive intake of fat123
Figure (36):	Antibiotics resistance rates to 4 most
	common used antibiotics in different
	continental areas136

### List of Abbreviations

Abb.	Full term
13C	13 Carbon
AML	
	Anesthesiologists
	. Blood group antigen-binding adhesion
	Cytotoxin associated gene
9 .	. Cytotoxin associated gene pathogenicity island
_	. Complete blood picture
CLA	. Clarithromycin
CLSI	. Clinical and Laboratory Standards Institute
DU	. Duodenal Ulcer
dupA	. Duodenal Ulcer Promoting Gene
ELISA	. Enzyme-linked immune sorbent assay
ESPAGHAN	- · · · · · · · · · · · · · · · · · · ·
	Gastroenterology Hepatology and Nutririon
FAT	. Fecal antigen test
FD	. Functional Dyspepsia
Fig	. Figure
FISH	. Fluorescence in situ hybridization
GC	
GERD	. Gastro esophageal reflux disease
	. Gastrointestinal endoscopy
GU	. Gastric ulcer
H. pylori	. Helicobacter pylori
iceA	. Induced by Contact with Epithelium Gene
IDA	. Iron deficiency anemia
IL-8	. Interleukin-8
	. Idiopathic thrombocytopenic purpura
Leb	. Lewis b
LEV	. levofloxacin

### List of Abbreviations cont...

Abb.	Full term
MALT	. Mucosa associated lymphoid tissue
	. Minimum inhibitory concentrations
MTZ	
	North America Society for Pediatric
NASI GIIAN	Gastroenterology Hepatology and Nutrition
NPV	Negative predictive value
OipA	. Outer inflammatory protein
pbp1	. penicillin binding proteins
PCR	. Polymerase Chain Reaction
PPI	. proton pump inhibitor
PPV	. Positive predictive value
PUD	. Peptic ulcer disease
RAP	. Recurrent Abdominal pain
RUT	. Rapid urease test
SabA	. Sialic acid-binding adhesion
TE	. Tetracycline
UBT	. Urea Breath tests
vacA	. Vacuolating Cytotoxin Gene
vs	. versus
wk	. week



#### **ABSTRACT**

**INTRODUCTION:** Helicobacter pylori proved to be highly prevalent all over the world, where it infects the gastric mucosa of about half of the world's population and also cause extra gastric manifestations. According to the World organization of gastroenterology, the prevalence of H. pylori in Egyptian children aged 3 years is 50% Moreover, that the prevalence of HP in Egyptian school children by urea breath test was 72.38%.

**Aim of the study:** The present Study that was carried out on patients presented to Endoscopy Unit, Children Hospital, ASU underlying upper GI endoscopy procedures: for complaints of upper GI symptoms. This cross Sectional study aimed to evaluate the antibiotic resistance patterns of Helicobacter pylori (H. pylori) strains isolated from pediatric patients who will undergo upper GI endoscopy for various gastrointestinal symptoms at Endoscopy Unite, Children Hospital, Ain Shams University.

Patients and Methods: Sampling 30 positive isolates are obtained. Culture of H pylori was done on gastric biopsy samples from patients with positive rapid urease test. They were 18 males (60%) and 12 females (40%). Their ages ranged from 5-16 year. Patients in the study were subjected to



thorough medical history and examination, CBC, iron profile, blood grouping and upper GI endoscopy, 2 antral biopsies, one for rapid urease test a, another for culture and sensitivity.

Results: In this study high resistance to Clarithromycin and metronidazole have been reported to be 50% and 86.7%, respectively. While resistance to amoxicillin 20% tetracycline and levofloxacin is rare 13.3% and 6.7%, respectively.

**Conclusion:** The most common causes of treatment failure are poor compliance, resistance to antibiotics and re-infection. Secondary resistance (resistance developed in vivo previously susceptible organisms) has been documented in cases of therapeutic failures. The combined effect of spontaneous mutation and recombination during infection could be responsible for the emergence of antimicrobial resistance.

**Keywords:** Helicobacter pylori Clarithromycin Metronidazole - Tetracycline - levofloxacin - Amoxicillin