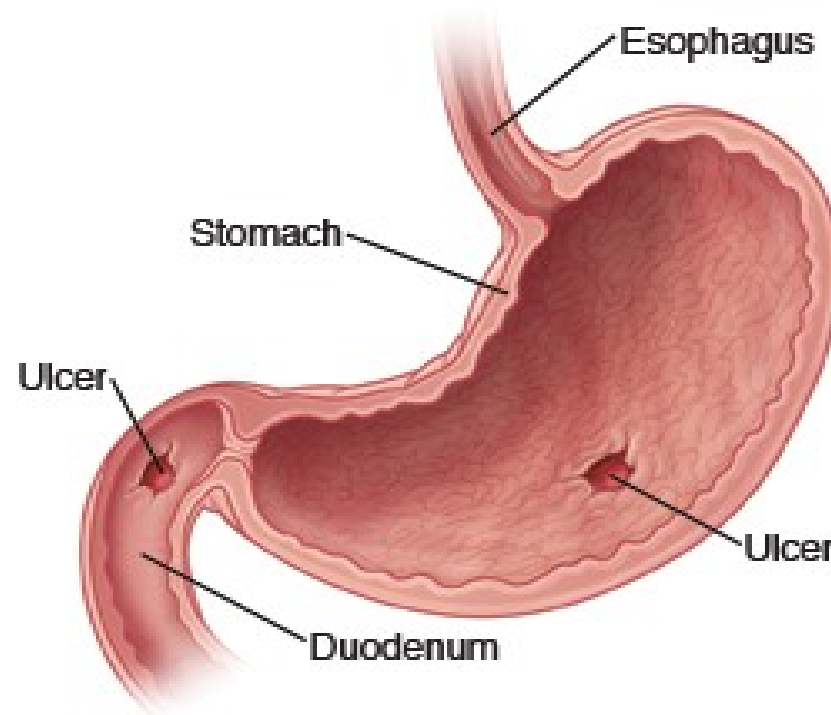


ANTI H-PYLORI DRUGS

ULCER

- Ulcer is defined as mucosal erosions equal to or greater than 0.5 cm in an area of gastrointestinal tract



ETIOLOGY OF PEPTIC ULCER

- Imbalance between the aggressive (acid, pepsin, bile & H.pylori) and the defensive (gastric mucus , bicarbonate secretion, prostaglandins, nitric oxide and innate resistance of the mucosal cells) factors
- Psychosomatic, humoral and vascular derangements
- Helicobacter pylori - recurrence
- In gastric ulcer, acid secretion is ↓
- In duodenal ulcer, acid secretion is ↑

HELICOBACTER PYLORI

- gram negative bacillus
- commensal in 20-70% normal individuals
- 90% patients of duodenal and gastric ulcer positive for H.pylori.
- Attaches to the surface epithelium beneath the mucus
- high urease activity promotes ammonia
- neutral micro environment around the bacteria
- promotes back diffusion of H⁺ ions
- infection starts with a neutrophilic gastritis lasting 7-10 days - asymptomatic
- Chronic gastritis, dyspepsia, peptic ulcer, gastric lymphoma and gastric carcinoma

ERADICATION OF H-PYLORI

TRIPLE THERAPY (10-14 days) :

PPI + Clarithromycin 500 mg +

Amoxicillin 1g twice a day (Metronidazole 500 mg twice a day)

QUADRUPLE THERAPY (10-14 days) :

PPI + metronidazole 250 mg + bismuth subsalicylate 525 mg + tetracycline 500 mg four times daily

SEQUENTIAL THERAPY :

For 1-5 days

PPI + Amoxicillin 1g twice a day

For 6-10 days

PPI + Clarithromycin 500 mg and Tinidazole / metronidazole 500 mg twice a day

- PPI + Amoxicillin 1g twice a day + levofloxacin 250 or 500 mg twice a day for 10 days

PPI daily dosages :

- Omeprazole 20 mg twice a day
- Lansoprazole 30 mg twice a day
- Rabeprazole 20 mg twice a day
- Pantoprazole 40 mg twice a day
- Esomeprazole magnesium 40 mg daily

Thank you