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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), Levo oxacin (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 Levo oxacin (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 10^2 or 10^3 were found to be positive. Eradication therapy showed no statistically significant difference in different regimens ($p > 0.05$). Only 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 Malfertheiner 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

\$QLVXU 5DKPDQ LV FLWLJHQ RI %DQJODGHVKL +H SDVVHG +6& IURP 1RWUH 'DPH &ROOHJH 'KDND ,Q + Mitford Hospital. He obtained MD (gastroenterology) degree from Bangabandhu Sheikh Mujib Medical University in 2012. He joined BCS (Health Cadre) under Ministry RI KHDOWK DQG IDPLO\ ZHOIDUH RI WKH SHRSOH V UHSXEOLF RI %DQJODGHVK LQ DQG ZRUNHG LQ GLI Gastroenterology Society. Now He is working as an Assistant Professor of Gastroenterology in Sher -E - Bangla Medical College, Barishal, Bangladesh. He was working LQ WKH ÷HOG RI Helicobacter Pylori VLQFH DQG KH VVKDV VSHFLDO LQWHUHVLU LQ WKH ÷HOG RI +HOLFREDFWHU

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