

Failure of 3 Regimens to treat a case of Gastritis caused by Helicobacter Pylori in a 42-year-old June-December 2019

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Introduction:

A 42-years old man brought to the hospital with bloating and dull epigastric pain without significant characters for 13 days. Systems review, social, habit and examination revealed nothing. He had reassured, advised to avoid spicy food and given Mebeverine. After 8 days, he came with the same complaints. Nothing significant except a positive H. pylorus in the stool. Given 14 days {Pantoprazole 40mg/Clarithromycin 500mg} bid Metronidazole 500mg tid. After 7 weeks H. pylori was positive. Given 14 day {Pantoprazole40mg/Clarithromycin 500mg/Metronidazole 500mg/Amoxicillin 1gram} bid After 7 weeks H. pylori was positive. Given 14 days Pantoprazole 40mg bid{Bismuth Subsalicylate 524mg/Metronidazole 375mg/Tetracycline 500mg} qid After 7 weeks H. pylori was positive. No facilities for endoscopy, urea breath test or Levofloxacin. Given 14 days (Pantoprazole40mg/Clarithromycin 500mg/Amoxicillin 1gram) bid Doxycycline 100mg daily. After 7 weeks H. pylori was negative, with no complaints or adverse effects. The patient was completely satisfied.

Objectives:

In the first visit, the duration of the problem was 13 days, the patient diagnosed ad gastric pain (irritation) and treated by Mebeverine without improvement. Then the patient joined the hospital after 8 days as a second visit. The patient followed from the first to the sixth visits. We found the stool tests for H. pylori were positive in the second, third, fourth and fifth visits but negative in the sixth visit. The third visit determined by the doctors after 7 weeks and so on for the fourth, fifth and sixth visits. The disease occurred approximately for 24 weeks, disappeared during and some weeks after the treatment and reoccurred again as confirmed from the second to the fifth visits. The outcome was excellent and absent H. pylori after 31 weeks (the sixth visit)

Results:

H. pylori is a gram-negative infects 50% of the world's population is contagious, even though the precise route of transmission is not known. Up to 90% of people infected with H. pylori never experience symptoms or complications. The majority remains asymptomatic. The symptoms may include abdominal pain, nausea or no symptoms. Abdominal pain and nausea are associated with acute gastritis. Chronic gastritis is asymptomatic or bloating, gastric pain, nausea, vomiting, blenching and non-ulcer dyspepsia can develop. From 10 to 20% lifetime risk to develop peptic ulcer disease. The fecal-oral or oral-oral are the main routes of transmission. The preferable diagnostic methods include urea breath test (UBT), fecal antigen assay, tissue biopsy. UBT is highly sensitive and specific and the best choice for those who suffer from alarm symptoms in addition to that is the best test for the eradication

of H. pylori, then the stool is an alternative for UBT. The serological test can be used for the past infection and isn't useful for monitoring of the effectiveness and can be used without the hold up of PPIs, antibiotic or bismuth. Antibiotic and bismuth should be stopped 30 days and PPIs 14 days before the eradication test for H. pylori in order to avoid a false negative.

Conclusion:

Any patient with a positive test should be treated following the recommended guidelines. Adherence, hands hygiene, and patients' education to avoid unclean food and water and avoid contact with the fluids of infected people are essential parts of the management plan. The eradication test should be performed at least 30 days from the last dose of medicine with the preferable UBT or stool for H. pylori as an alternative. The PPIs should be stopped 14 days before and Bismuth and antibiotic 30 days before the test except in the serological test. Treatment failure can occur, and we should deal with it according to guidelines. Referral to gastroenterology is the main part of management if the patient not responding to the available regimens or in case of cancer suspicion..