

中文題目: 針對有無使用鉍鹽的四合療法在根除幽門螺旋桿菌感染的比較

英文題目: **Comparison of second-line quadruple therapies with or without bismuth for**

***Helicobacter pylori* infection**

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Background: The bismuth-based quadruple regimen has been applied in *Helicobacter pylori* rescue therapy worldwide. The non-bismuth quadruple therapy or “concomitant therapy” is an alternative option in first-line eradication but has not been used in second-line therapy. Discovering a valid regimen for rescue therapy in bismuth-unavailable countries is important.

Material and Method: We conducted a randomized controlled trial to compare the efficacies of the standard quadruple therapy and a modified concomitant regimen.

Result: One hundred and twenty-four patients were randomly assigned into two groups: RBTM (rabeprozole 20mg bid, bismuth subcitrate 120 mg qid, tetracycline 500mg qid, metronidazole 250mg qid) and RATM (rabeprozole 20mg bid, amoxicillin 1g bid, tetracycline 500mg qid, metronidazole 250mg qid) for 10 days. The eradication rate of the RBTM and RATM regimen was 91.9% and 89.7% respectively, in intention-to-treat analysis. Patients in both groups had good compliance (~96%). The overall incidence of adverse events was higher in the RATM group (42.6% vs. 22.2%, $p=0.02$), but only seven patients (11.5 %) experienced grade 2-3 events.,

Conclusion: Both regimens had good efficacy, compliance and acceptable side effects. The 10-day RATM treatment could be an alternative rescue therapy in bismuth-unavailable countries.