

Name of Journal: *World Journal of Gastroenterology*

Manuscript NO: 41334

Manuscript Type: MINIREVIEWS

Second-line rescue treatment of *Helicobacter pylori* infection: Where are we now?

Lin TF *et al.* Second-line anti-*H. pylori* therapy

Te-Fu Lin, Ping-I Hsu

Abstract

At present, the best rescue therapy for *Helicobacter pylori* (*H. pylori*) infection following failure of first-line eradication remains unclear. The Maastricht V/Florence Consensus Report recommends bismuth quadruple therapy, or fluoroquinolone-amoxicillin triple/quadruple therapy as the second-line therapy for *H. pylori* infection. Meta-analyses have shown that bismuth quadruple therapy and levofloxacin-amoxicillin triple therapy have

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The choice of a '**rescue**' **treatment** depends on which **treatment** is used initially. If a **first-line** clarithromycin-based regimen was used, a **second-line** metronidazole-based **treatment** (quadruple therapy) may be used afterwards, and then a levofloxacin-based combination would be a third-line '**rescue**' option.

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Apr 7, 2016 - of gastric cancer, prevalence of **H. pylori infection**, and antibiotic resistance in Asia. **We** hand; some researchers suggested that the use of effective **rescue** regimens in the **second line** and third line **treatments** can also lead.



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In our previous study, *H. pylori* infected patients allergic to penicillin failing first-line treatment with PPI-clarithromycin-metronidazole therapy received a second-line treatment with RBC, tetracycline and metronidazole, but this rescue regimen cured the infection in only 47% of the patients [Gisbert et al. 2005e].

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