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Name of Journal: *World Journal of Gastroenterology*

Manuscript NO: 46275

Manuscript Type: OPINION REVIEW

Development of *Helicobacter pylori* treatment: How do we manage antimicrobial resistance?

Suzuki S *et al.* *H. pylori* treatment for managing antimicrobial resistance

Sho Suzuki, Mitsuru Esaki, Chika Kusano, Hisatomo Ikehara, Takuji Gotoda

Abstract

Helicobacter pylori (*H. pylori*) antimicrobial resistance is an urgent, global issue. In 2017, the World Health Organization designated clarithromycin-resistant *H. pylori* as a high priority bacterium for antibiotic research and development. In addition to clarithromycin, resistance to metronidazole and fluoroquinolones has also increased worldwide. Recent international guidelines for management of *H. pylori* infection recommend bismuth or non-bismuth quadruple therapy for 14 d as a first-line treatment for *H. pylori* in areas of high clarithromycin and/or metronidazole resistance. Although these treatment regimens provide acceptable *H. pylori* eradication rates, the regimens used should not contribute to future resistance of *H. pylori* to antimicrobials. Moreover, these regimens can promote resistance, due to prolonged therapy with multiple antibiotics. A new strategy that can eradicate *H. pylori* as well as reduce the antibiotics used is required to

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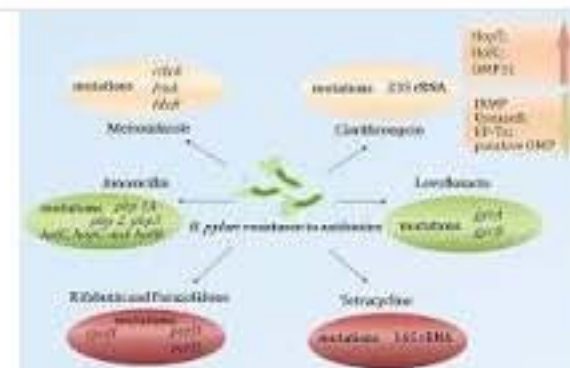
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The main role of PPIs in the **treatment** of **H. pylori** infections is **to** elevate the gastric pH, leading **to** an increase in the population of dividing **H. pylori**. Subsequently, the bacteria become more susceptible **to antibiotics** such as amoxicillin and clarithromycin (Scott et al., 1998; Graham and Fischbach, 2010).



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