

## ***H. pylori* Treatment Guideline**

Patients presenting with gastric or duodenal perforation, **able to take PO medications**, and meet one or more of the following criteria:

1. No known or likely alternative etiology for PUD and subsequent perforation (chronic NSAID use, etc.)
2. Pathology sample from OR consistent with *H. pylori* infection
3. Stool antigen assay positive for detection of *H. pylori* bacterial antigen
4. High risk perforation with no biopsy sample obtained and unable to obtain stool antigen assay

Eradication Treatment indicated

### **Quadruple Therapy:**

Metronidazole 500mg PO q6h  
Bismuth subsalicylate 524mg PO q6h  
Doxycycline 100mg PO q12h  
PPI PO/IV q12h

Continue for 14 day duration

\*Macrolide resistance rates in United States are  $\geq 80\%$ .  
Clarithromycin-based therapy regimens are **NOT** recommended.\*

### References:

Chey WD, et al. ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection. *Am J Gastroenterol*. 2017; 112:212–238; doi:10.1038/ajg.2016.563  
Fallone CA, et al. The Toronto Consensus for the Treatment of *Helicobacter pylori* Infection in Adults. *Gastroenterol*. 2016; 151(1):51-69.e14. doi:10.1053/j.gastro.2016.04.006