

Evaluation of the Effectiveness of Eradication Therapy Based on Potassium-Competitive Acid Blockers in Patients with Helicobacter Pylori Associated Chronic Gastritis

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Vonoprozane, potassium- competitive acid blocker, helicobacter pylori, chronic gastritis, eradication

Abstract

The article presents data on the results of a comparative study of the clinical and antihelicobacteric efficacy of two schemes of eradication therapy in 60 patients with HP-associated chronic gastritis. The main group of patients received eradication therapy consisting of Vonoprozane, amoxicillin, clarithromycin and bismuth tricalium decitrate for 10 days. In the second group of patients with chronic gastritis, Esomeprazole was used as an antisecretory drug against the background of similar therapy. The results of the study showed that in the first group of patients, the dynamics of acid suppression under the influence of vonoprase was significantly higher compared to Esomeprazole. Also, in the main group of patients, the rate of eradication of HP infection was 93%, whereas in the group of patients taking Esomeprazole, this indicator was 80%.

Thanks to the successful eradication, it became possible to discuss the issue of the fundamental curability of YAB on the basis of data with a high degree of evidence. The number of patients who need to be treated (number needed to treat) by H. pylori eradication to prevent one case of recurrence of duodenal ulcer was 2, to prevent recurrence of gastric ulcer — 3 [15]. Eradication therapy is also more effective for healing ulcers of any localization, even compared to monotherapy with antisecretory agents [15]. In complicated YB, eradication therapy of H. pylori infection is necessary for the successful prevention of recurrent complications: for example, the number of patients who need to be treated by H. pylori eradication to prevent one case of recurrent ulcerative bleeding was 5 [16].

The indication for mandatory eradication therapy of H. pylori infection is MALT-lymphoma of the stomach (UDD 1, UUR B) [3, 14, 17]. Antihelicobacter therapy has been recognized as an effective initial method of treating localized gastric MALT lymphoma in H. pylori-positive patients, which can lead to tumor regression and long-term control of it in most of them [17]. Evaluation of the effectiveness of antihelicobacter therapy and, if necessary, the appointment of a repeated course of treatment are included in the algorithm of management of patients with MALT-lymphoma of the stomach. Referral of the patient to a specialized oncological institution for further observation is mandatory

Table 1 The rate of relief of abdominal pain and dyspeptic symptoms in patients in the dynamics of treatment

Symptoms	Main group	Control group
Pain	2, 0± 0, 2	3,6±0,2*
Nausea	1, 8± 0, 3	2,8±0,3*
Vomiting	1, 7± 0, 3	2,8±0,3*
Heartburn	1, 5± 0, 4	1,8±0,3

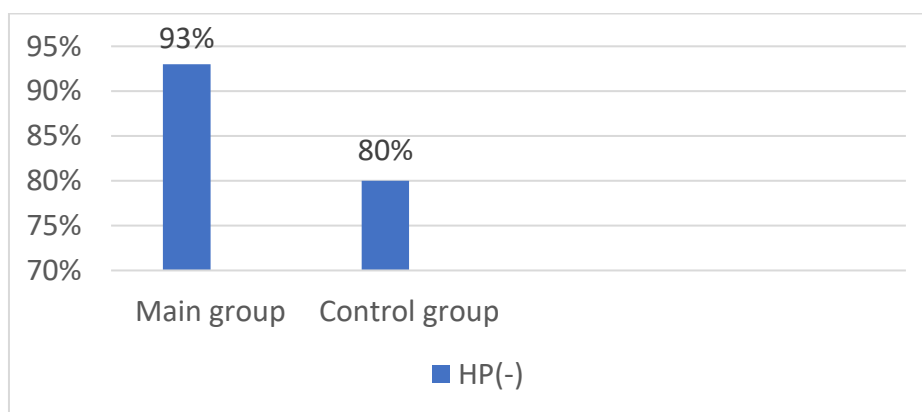
Note: *- the difference between the groups of patients is significant ($P < 0.05$)

Table 2 Dynamics of pH-metric indicators of patients before and after treatment

Localization of measurement points	Main group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
"Lake"	0,21±0,04	5,1±0,05*	0,24±0,05	4,09±0,13*
The arch of the stomach	1,3±0,07	4,9±0,06*	1,2±0,03	3,6±0,08*
Stomach body, back wall	1,0±0,03	5,0±0,03*	1,0±0,08	4,1±0,04*
Stomach body, anterior wall	0,77±0,05	5,42±0,06*	0,73±0,07	4,3±0,04*
Antral section, small curvature	4,2±0,07	5,6±0,03*	4,6±0,07	4,2±0,05*
Antral section, large curvature	4,3±0,05	5,6±0,03*	4,4±0,06	4,2±0,04*
WPC bulb, front wall	5,8±0,07	6,7±0,03*	6,0±0,4	4,9±0,04*

Note: *- the difference is significant between the main and control groups ($P < 0.05$).

Figure 1 Indicators of the effectiveness of eradication therapy according to the results of the C¹⁴ breath test



Вонопрозан – новый инновационный препарат, обладающий критическими преимуществами: его антисекреторная активность значительно выше, чем у классических ингибиторов протонной помпы (ИПП), а его метаболизм не зависит от полиморфизма CYP2C19, что значительно повышает профиль безопасности. Вонопрозан обеспечивает более глубокое и длительное подавление желудочной кислоты, чем традиционные ИПП.

Проведенное нами исследование по оценке антисекреторной и эрадикационной эффективности блокатора К-ККБ вонопрозана показало более высокую по сравнению с ИПП клиническую эффективность при проведении антихеликобактерной терапии.

ВЫВОДЫ

1. При использовании вонопрозана в комплексе эрадикационной терапии больных с HP-ассоциированными хроническими гастритами

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наблюдалось более высокая скорость купирования абдоминально-болевого и диспепсических симптомов.

2. Препарат вонопрозан показал более высокую антисекреторную активность у больных НР-ассоциированными хроническими гастритами по сравнению с эзомепразолом, выражающее достоверным повышением показателей рН в зоне активной кислотопродукции, так и в нормализации процессов кислотонейтрализации в желудке.
3. Эрадикационная терапия больных с НР-ассоциированными хроническими гастритами с использованием в качестве антисекреторного препарата – вонопрозана показал близкую к показателю эрадикации 95%, что согласно VI Маастрихтским протоколам оценивается как “отличный” результат.

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