

**COMPARING THE EFFICACY OF HELICOBACTER PYLORI
ERADICATION
IN VINNITSYA (UKRAINE) ON THE RESULTS OF THE RESPIRATORY
UREASE TEST**

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Modern gastroenterology should solve a big problems associated with resistance of *Helicobacter pylori* (HP) to antibiotics. Also the use of schemes of bismuth become topical in the first stage of antihelicobacter pharmacotherapy.

Objective: To compare the effectiveness of the eradication schemes of HP at 2007–2012. There were analyzed 274 results of a controlling urea breath test using ¹³C-urea (127 men and 147 women). The first group (146 patients) received: standard dose IPP b.i.d., clarithromycin 0.5 g b.i.d. and amoxicillin 1.0 g b.i.d. (IPP + K + A). The second group (48 patients) were prescribed triple therapy: standard-dose IPP b.i.d., clarithromycin 0.5 g b.i.d. and 0.5 g ornidazole b.i.d. (IPP + K + O). The third group (80 patients) received the quad therapy: IPP standard dose b.i.d., clarithromycin 0.5 g b.i.d., amoxicillin 1.0 g b.i.d. and bismuth subcitrate 0.24 b.i.d. (IPP + K + A + B). The duration of therapy was 7 days. Negative results of the urea breath test was diagnosed in 82.2% patients of the first group, 77.1% patients of the second group and 92.5% patients of the third group. Comparing the results of successful eradication of HP between the first (IPP + K + A) and the second group (IPP + K + O) we haven't found any significant differences ($p > 0.05$). While the level of successful eradication of the third group was significantly higher ($p < 0.01$). Thus, quad therapy based on IPP + K + A and bismuth subcitrate is a highly eradication scheme in Vinnytsya.