

ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection

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ABSTRACT *Helicobacter pylori* is a prevalent, global infectious disease that causes dyspepsia, peptic ulcer disease, and gastric cancer. The American College of Gastroenterology commissioned this clinical practice guideline (CPG) to inform the evidence-based management of patients with *H. pylori* infection in North America. This CPG used Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) methodology to systematically analyze 11 Population, Intervention, Comparison, and Outcome questions and generate recommendations. Where evidence was insufficient or the topic did not lend itself to GRADE, expert consensus was used to create 6 key concepts. For treatment-naïve patients with *H. pylori* infection, bismuth quadruple therapy (BQT) for 14 days is the preferred regimen when antibiotic susceptibility is unknown. Rifabutin triple therapy or potassium-competitive acid blocker dual therapy for 14 days is a suitable empiric alternative in patients without penicillin allergy. In treatment-experienced patients with persistent *H. pylori* infection, “optimized” BQT for 14 days is preferred for those who have not been treated with optimized BQT previously and for whom antibiotic susceptibility is unknown. In patients previously treated with optimized BQT, rifabutin triple therapy for 14 days is a suitable empiric alternative. Salvage regimens containing clarithromycin or levofloxacin

ACG Clinical Practice Guideline

Treatment of <i>H. pylori</i> Infection in North America				
	Treatment Naïve	Treatment-Experienced (Salvage)		Penicillin Allergy
Regimen		Empiric	Proven antibiotic sensitivity	
Optimized Bismuth Quadruple	  	 	 	   *
Rifabutin Triple	 	 	 	
Vonoprazan Dual	 			
Vonoprazan Triple			 	
Levofloxacin Triple			 	

   Recommended   Suggested  May be considered when other treatments are not options

* When Bismuth Quadruple Therapy not an option, consider referral for formal penicillin allergy testing and/or desensitization

Chey et al. *Am J Gastroenterol.* 2024. doi:10.14309/ajg.0000000000002968
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Received February 15, 2024; accepted June 18, 2024