

EP-002 - BISMUTH-BASED *HELICOBACTER PYLORI* ERADICATION THERAPY IN OBESE PATIENTS UNDERGOING GASTRIC BYPASS SURGERY

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Introduction and aims: In 2017, the Maastricht V/Florence Consensus Report updated the guidelines for the management of *Helicobacter Pylori* (HP) infection with special emphasis in high clarithromycin resistance geographical areas. In line with the conditional recommendation of the European Guidelines on surgery of obesity and with the recommendation of the American Society for Metabolic and bariatric Surgery we perform HP screening and eradication in obese patients undergoing Roux-en-Y gastric bypass (RYGB) surgery. Our aim was to assess, in obese patients undergoing RYGB surgery, the bismuth quadruple therapy (BQT) eradication rates at first line treatment HP as proposed by the Maastricht V/Florence consensus and the World Gastroenterology Organization (WGO) Guidelines in areas with high clarithromycin resistance rates.

Methods: Single centre prospective study over a 3-year period (2019-2021). The therapeutic regimen was 10 days proton pump inhibitor bid and three-in-one single capsule bismuth therapy containing bismuth, metronidazole and tetracyclin, quid (BQT). HP assessment was performed at baseline by histology or C13 urea breath and 4-6 weeks after treatment by C13 urea breath test.

Results: Five hundred ninety-eight consecutive HP-positive patients completed BQT treatment: 476 (79.6%) female, age 43.2 ± 10.4 years, range 18-69 years. HP was eradicated in 500 patients, 83.6% (95% CI, 80.4% -86.5%). Eradication rates were not significantly different by gender, age and smoking habits.

Conclusions: By adopting Maastricht V/ Florence and WGO guidelines, BQT at first line therapy in high clarithromycin resistance geographical areas, HP eradication rate higher than the recommended 80% eradication rate cutoff was achieved in real-world clinical practice.