



Title	Non-H. pylori, non-NSAID duodenal ulcers: clinical and endoscopic characteristics
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G-GH-5

Three-Day Lansoprazole Quadruple Therapy for *Helicobacter pylori*-Positive Duodenal Ulcers: A Randomized Controlled Study

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Aim: To compare the efficacy and tolerability of a 3-day quadruple therapy with a standard 1-week triple therapy in eradicating *Helicobacter pylori* infection and healing duodenal ulcers.

Methods: Patients with *H. pylori*-positive duodenal ulcers were randomized to receive either lansoprazole 30 mg, clarithromycin 500 mg, and metronidazole 400 mg twice daily for 7 days (LCM-7) or lansoprazole 30 mg, clarithromycin 500 mg, metronidazole 400 mg, and bismuth subcitrate 240 mg twice daily for 3 days (LCMB-3). Endoscopy was repeated at week 6.

Results: A total of 118 patients were recruited. Sixty patients in LCM-7 group and 53 patients in LCMB-3 group returned for endoscopy. Intention-to-treat eradication rates were 86.7% and 86.2% ($p=0.94$) and per-protocol eradication rates were 86.7% and 94.3% ($p=0.29$) in LCM-7 and LCMB-3 groups, respectively. Per-protocol and intention-to-treat ulcer healing rates were 98.3% and 98.3% in LCM-7 and 100% and 91.4% in LCMB-3 respectively. There were no significant differences in efficacy in relation to the initial metronidazole and clarithromycin susceptibility. Significant reduction in the duration of side effects was found in LCMB-3 group.

Conclusion: The 3-day quadruple therapy is highly effective, better tolerated and can be considered as a first-line therapy in duodenal ulcer management.

G-GH-6

Non-*H. pylori*, Non-NSAID Duodenal Ulcers: Clinical and Endoscopic Characteristics

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Background: The proportion of duodenal ulcers not associated with *H. pylori* infection and use of non-steroidal anti-inflammatory drugs (non-*H. pylori*, non-NSAID duodenal ulcers) is increasing. The aim of this study was to identify clinical and endoscopic characteristics of non-*H. pylori*, non-NSAID duodenal ulcers.

Patients: Demographic information, major indication, symptom duration, NSAID use over the past 4 weeks, endoscopic findings and *H. pylori* status of consecutive patients who underwent an upper endoscopy from 1997 to 1999 were prospectively collected. Patients with active and/or healed ulcers were identified, and those with both active ulcers and known *H. pylori* status were further analysed.

Results: A total of 11717 upper endoscopies were performed on 8344 patients. Among these patients, 1188 (14%) had duodenal ulcers. Of 645 patients with active ulcers and known *H. pylori* status, 169 (26%) were *H. pylori* negative, and 534 (83%) were not on NSAIDs. NSAID users were fewer in *H. pylori* positive than in *H. pylori* negative patients (12% vs 33%, OR=0.28, 95%CI: 0.18-0.42, $P<0.001$). Overall, 18% of patients had non-*H. pylori*, non-NSAID ulcers. Patients with non-*H. pylori*, non-NSAID ulcers were significantly older (66 ± 18 vs 53 ± 17 years, $P<0.001$), and more likely to have bleeding (50% vs 24%, OR = 0.32, 95%CI: 0.21-0.49, $P<0.001$), but less likely to have epigastric pain (28 vs 60%, OR=3.84, 95%CI: 2.44-6.05, $P<0.001$) as the indication for endoscopy, compared with those with *H. pylori* associated ulcers. *H. pylori* negative patients not taking NSAIDs had more (1.5 vs 1.2, $P=0.02$) and deeper (2.1 mm vs 1.9 mm, $P=0.03$) duodenal ulcers, and were less likely to have the ulcers in the anterior part of the duodenum (41%, vs 54%, OR = 1.68, 95%CI: 1.09-2.59, $P=0.02$), compared with *H. pylori* positive patients.

Conclusions: The prevalence of duodenal ulcer disease is decreasing in Hong Kong, but the proportion of non-*H. pylori*, non-NSAID ulcers is increasing. Non-*H. pylori*, non-NSAID ulcers exhibit some demographic, clinical and endoscopic characteristics, distinguishing from *H. pylori* associated ulcers. However, its aetiopathophysiology remains to be clarified.