

Response to “Levofloxacin-containing versus Clarithromycin-containing Therapy for *Helicobacter pylori* Eradication: A Prospective Randomized Controlled Clinical Trial”

Sir,

I read with a great interest the article titled, “Levofloxacin-containing versus clarithromycin-containing therapy for *Helicobacter pylori* eradication: A prospective randomized controlled clinical trial”^[1] authored by Sebghatollahi *et al.* I would like to compliment the authors for conducting a study on a widely prevalent disease with a very good design.

The results of this study provide many insights about the management of *H. pylori* infection in the current scenario.

In the inclusion criteria, the authors have mentioned that patients with peptic ulcer disease were included; however, it seems many patients in the study did not have gastric/duodenal ulcer. It looks like patients with *H. pylori* infection with peptic ulcer disease or dyspepsia both were included.

Although there was no significant difference in two groups, many findings including numerically higher eradication rate, lower incidence of self-reported adverse events, and severe intolerance are in favor of the pantoprazole, bismuth subcitrate, amoxicillin and clarithromycin (PBAC), i.e., clarithromycin-containing group. In the absence of significant difference between the two groups, comparative data on compliance of two regimens may be useful for a clinical decision of selecting one regimen over the other. If medicines are not provided in the kit, there are chances of lesser compliance in the pantoprazole, bismuth subcitrate, amoxicillin 1 g, tinidazole for 7 days, followed by levofloxacin for next 7 days (PBATL) group, because patients need to change from tinidazole to levofloxacin after a week unlike in the PBAC group where therapy was same for 14 days.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Reference

1. Sebghatollahi V, Soheilipour M, Khodadoostan M, Shavakhi A, Shavakhi A. Levofloxacin-containing versus clarithromycin-containing therapy for *Helicobacter pylori* eradication: A prospective randomized controlled clinical trial. *Adv Biomed Res* 2018;7:55.

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