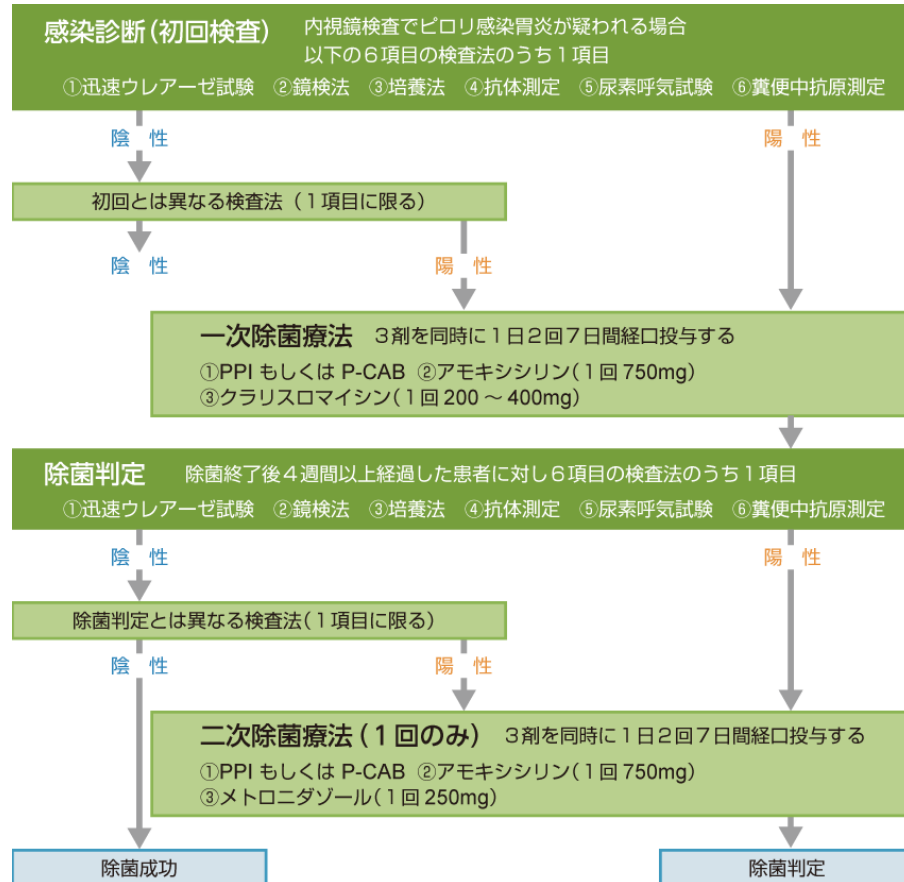


**Table 2. Evidence-based Treatment Regimens for *H. pylori* Infection in North America, Listed in Recommended Order.\***

Treatment Type	Components	Duration	Comments†
Clarithromycin-based triple therapy‡	PPI, clarithromycin, and amoxicillin (twice daily for all antibiotics)	14	Recommended unless patient has documented allergy to ampicillin or high level of clarithromycin resistance
Bismuth-based quadruple therapy (Pylera‡)	PPI, bismuth, tetracycline, and nitroimidazole (four times daily for all antibiotics)	10–14	Recommended if patient has high level of clarithromycin resistance or history of macrolide use
Concomitant therapy	PPI, clarithromycin, amoxicillin, and nitroimidazole (twice daily for all antibiotics)	10–14	Not appropriate in patient with high level of clarithromycin resistance or documented allergy to ampicillin
Sequential therapy	PPI and amoxicillin; then PPI, clarithromycin, and nitroimidazole (twice daily for all antibiotics)	7, then 7	Not appropriate in patient with high level of clarithromycin resistance or documented allergy to ampicillin
Hybrid therapy	PPI and amoxicillin; then PPI, amoxicillin, clarithromycin, and nitroimidazole (twice daily for all antibiotics)	7, then 7	Not appropriate in patient with high level of clarithromycin resistance or documented allergy to ampicillin
Levofloxacin-based triple therapy	PPI, levofloxacin (once daily), and amoxicillin (twice daily)	10–14	Not appropriate in patient with documented allergy to ampicillin
Fluoroquinolone-based sequential therapy	PPI and amoxicillin; then PPI, levofloxacin, and nitroimidazole (twice daily for all antibiotics)	5–7, then 5–7	Complicated with regard to treatment adherence; not appropriate in patient with documented allergy to ampicillin

# ヘリコバクター・ピロリ感染症の診療アルゴリズム



リファレンス: