

Short Communication

Open Access

Helicobacter Pylori Infection and The Latest Treatment Guidelines

Waqar Farooqi

MBBS, MRCP (London), Specialist Certificate Examination (Endocrinology & Diabetes), Royal College, London Asst Professor of Medicine Al Maarefa University Riyadh, Saudi Arabia

*Corresponding author

Waqar Farooqi, MBBS, MRCP (London), Specialist Certificate Examination (Endocrinology & Diabetes), Royal College, London Asst Professor of Medicine Al Maarefa university Riyadh, Saudi Arabia.

Received: June 08, 2026; **Accepted:** June 15, 2026; **Published:** June 22, 2026

Helicobacter Pylori infection is very common worldwide. Almost half of the world's population has been found to be infected. The highest prevalence is seen in developing regions like Africa, Latin America & Asia, where prevalence can reach to more than 80%, while much lower rates are seen in developed countries. The most likely source of spread is fecal-oral route, which explains its high prevalence in areas of low hygiene.

H. Pylori infection can have a spectrum of presentations, ranging from completely asymptomatic (being discovered incidentally, if tested), to gastritis, peptic ulcer disease and gastric malignancies. Almost 80% of infected people are actually asymptomatic. The most common cause of peptic ulcer disease, is H. Pylori infection. Two gastric malignancies are strongly linked to H. Pylori: gastric adenocarcinoma and gastric MALT lymphoma (Mucosa Associated Lymphoid Tissue lymphoma).

All symptomatic patients with H. Pylori (gastritis, peptic ulcer) should be treated. Opinion differs on approach towards asymptomatic people. One school of thought advocates H. Pylori treatment even for asymptomatic patients, in order to prevent against these malignancies, while another group advocates therapy only if there is a family history of gastric malignancy.

Until recently, the standard preferred therapy for H. Pylori was a three-drug regimen, so called TRIPLE THERAPY (one PPI plus two antibiotics including Clarithromycin) given for 10 days. However, as per the 2024 guidelines of the American College of Gastroenterology, a 4-drug regimen is strongly recommended, while triple therapy containing Clarithromycin is strongly discouraged. This is due to rapid development of resistance in H Pylori, specially against Clarithromycin, in many areas. It leads to eradication failure in most cases. Now, the first line regimen highly recommended by ACG is: PPI (bid), plus Bismuth tablets (4 times daily) plus Tetracycline (500mg four times daily) plus Metronidazole (500 mg tid), all for 2 weeks. Although difficult to comply with, but it achieves the highest eradication rates.

Unfortunately, many physicians (mainly GPs and Primary care physicians) are not aware of the new guidelines. These physicians play a major role in treating communities, in that the patients mostly

come to them first. So, it is imperative that they be aware of new guidelines. In recent research done by me and my team, majority of the physicians were using the old triple regimen (68.1%) while only 29.7% GPs were using the latest recommended treatment. This underscores the importance of continuous professional development and adoption of standardized treatment protocols in primary care practice [1].

References

1. Farooqi W, Ahmed RS, Asfari JS, Alotaibi SM, Bander LF, et al. (2025) Knowledge, Attitudes and Treatment Protocols for Helicobacter Pylori Infection among General Practitioners in Primary Health Care Centers in Riyadh, Saudi Arabia. Cureus 17: 85492.

Copyright: ©2026 Waqar Farooqi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.