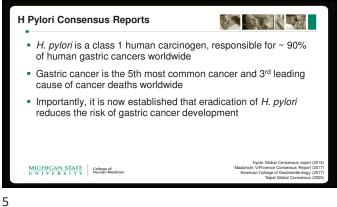
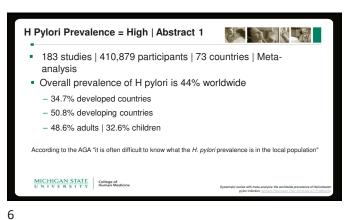


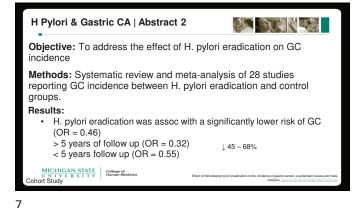
**H Pylori Consensus Reports** • H. pylori infection is a common bacterial infection of the human stomach that affects more than half the world population (e.g., ~ 80% Africa, 55% Asia, 37% N America). • Most H. pylori infections are acquired before the age of 10 producing a chronic infection that may remain clinically unapparent or evolve into severe complications. The rate of progression is unpredictable and most patients with chronic gastritis may remain asymptomatic until the appearance of severe complications. MICHIGAN STATE
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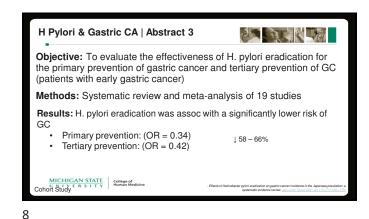
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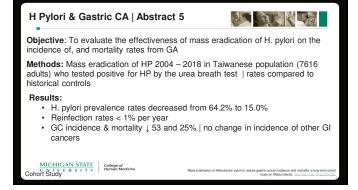
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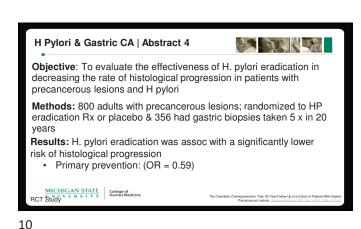


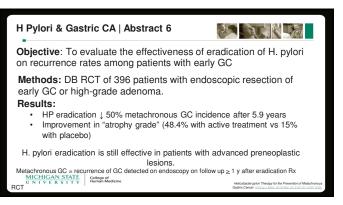


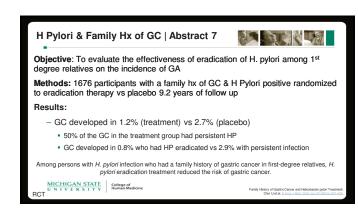


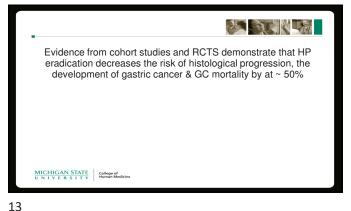












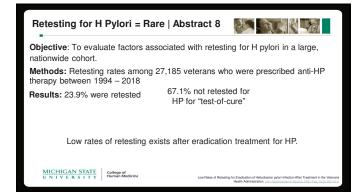
**H Pylori Testing Options 高** Testing options o "Urea breath test (UBT) is the most investigated and best recommended noninvasive test in the context of a 'test-and-treat strategy'.

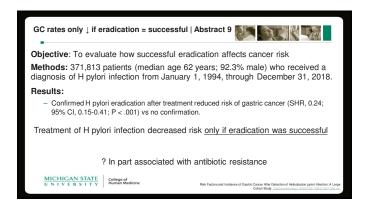
Stool antigen tests (SATs) may less acceptable but have high sensitivity and specificity

PPIs should be discontinued for 2 weeks prior to testing (UBT & SAT) as PPIs have anti-H. pylori activity leading to false negative tests.

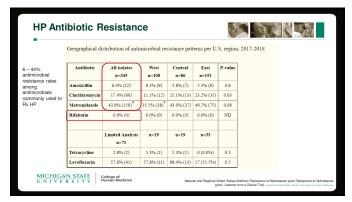
No need to discontinue H2 blockers or antacids (aside from bismuth) UBT is the best option for confirmation of H. pylori eradication & SAT is an alternative. It should be performed at least 4 weeks after completion of therapy. (Same PPI recommendations as above) Kyoto Global Consensus report (2018 Maastricht V/Florence Consensus Report (2017 American College of Gastroenterology (2017 Taipei Global Consensus (2024 MICHIGAN STATE
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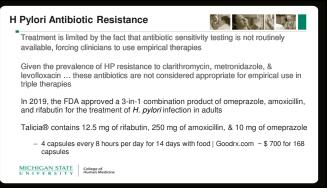
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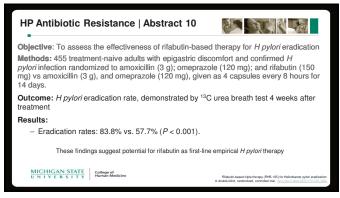


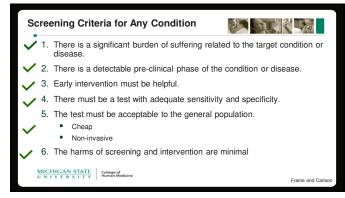
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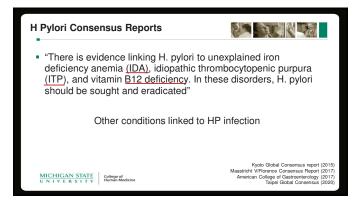


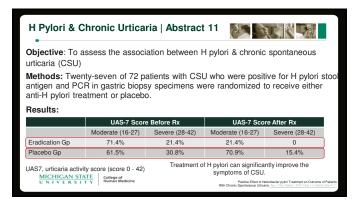


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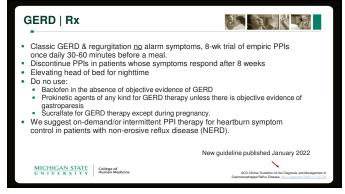




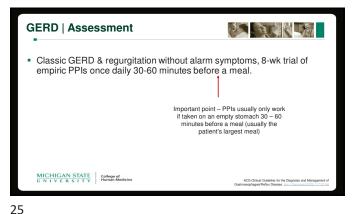


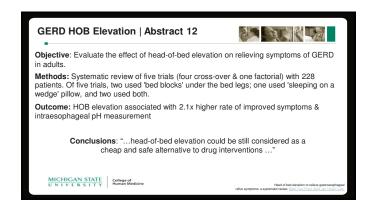
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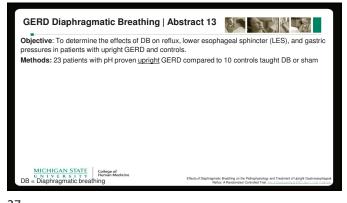


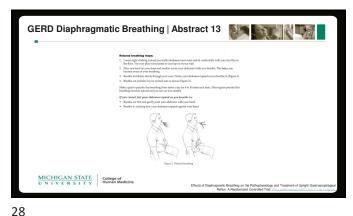


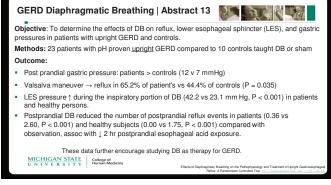
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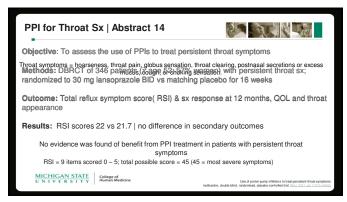


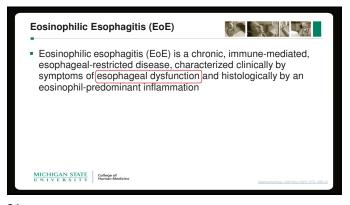




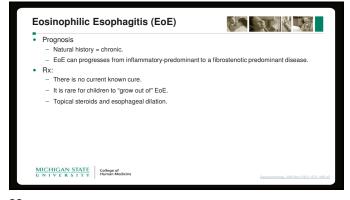








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Topical Corticosteroids for EoE in Adults | Abstract 15

Objective: Are swallowed topical-acting corticosteroids effective for maintenance of EoE
Methods: 204 adults with EoE with clinical & histological remission randomized to topical
budesonide (0.5 or 1.0 mg twice daily) vs placebo for 48 weeks

Outcome: Clinical and histological remission

Results:

- 73.5% with 0.5 mg BID
- 75.0% with 1.0 mg BID
- 4.4% with placebo

No ADE differences | time to relapse 87 d in placebo group | no differences in AM cortisol | suspected candidiasis in 11 - 16% of active treatment group

Conclusion: Budesonide was superior to placebo in maintaining remission in EoE

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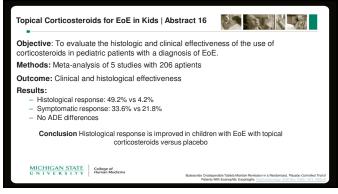
MICHIGAN STATE | College of Maintain Maintaining remission in EoE

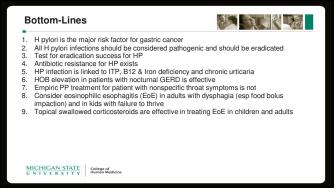
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