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## EFFECTIVE SCHEME OF ANTI-ULCER THERAPY IN THE ERADICATION OF H.PYLORI INFECTION

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**Abstract.** To select an antiulcer therapy scheme, 36 patients with duodenal ulcer were observed, the average age was  $16 \pm 1$  years, the size of the ulcer in the examined patients was from 0.5 to 1.2 cm. Blood ELISA was used to detect *Helicobacter pylori*. Depending on the nature of the therapy, the patients were divided into 2 groups; patients of the 1st (main) group (H=26) received nolvaza 40 mg once a day for 6 weeks, fromilid 500 mg x 2 times a day for 7 days, azit 500 mg x 1 time a day for 3 days. The comparison group (2nd) consisted of 10 patients who received three-component therapy (omeprazole 20 mg 2 times, metronidazole 250 mg 1 t x 3 times and amoxicillin 1000 mg x 2 times a day) for 7 days. Thus, eradication therapy has been and remains not only an effective treatment for duodenal ulcer, but also an effective way to prevent recurrence, which is of great importance for reducing public costs. The use of nolvaza 40 mg + fromilid 500 mg 2 times, azit 500 mg x 1 time per day for 3 days with duodenal ulcer is effective, safe, and economically justified.

**Keywords:** Eradication, *H. pylori*, anti-*Helicobacter* therapy, relapse.

*H.pylori* eradication makes it possible to achieve healing of duodenal ulcers without the need for further maintenance antisecretory therapy, almost completely prevents ulcer recurrence and complications, and improves the quality of life of patients [1-4]. Unfortunately, quite often doctors prescribe inadequate treatment regimens. For example, a two-component therapy is prescribed, including one antibacterial drug and one proton pump inhibitor. According to the current treatment strategy, first-line *H. pylori* therapy should include a proton pump inhibitor or ranitidine, bismuth citrate, clarithromycin, and amoxicillin or metronidazole. Recently, the spectrum of antibacterial agents, the active ingredient of which is clarithromycin, has been replenished with the drug fromilid. Over the last 4 months our clinic has accumulated some experience in the use of this drug. According to our studies, the effectiveness of eradication therapy, assessed after 1 month. after the end of the course of treatment, was about 90%, which is comparable to the treatment results that we get when we include clarithromycin drugs from other manufacturing companies in the treatment regimen. It should be noted the convenience of its use, since the course of treatment requires exactly 14 tablets contained in 1 package of fromilid. The optimal price / quality ratio is a weighty argument in favor of including these drugs in the anti-*Helicobacter* therapy regimen. Thanks to the appearance of fromilid, as well as the antisecretory agent nolvaz, doctors have expanded the possibilities when choosing an antiulcer therapy regimen and the restrictions on

this choice have significantly decreased [5-12].

**Purpose of the study:** To study the effectiveness of nolvapaz and fromilid in duodenal ulcers in adolescents.

**Materials and methods.** Under observation were 36 patients with duodenal ulcer, mean age ( $21 \pm 1$  years), the size of the ulcer in the examined patients from 0.5 to 1.2 cm. Blood ELISA was used to detect *H. pylori*. Depending on the nature of the therapy, the patients were divided into 2 groups; patients of the 1st (main) group ( $n=26$ ) received nolvapaz 40 mg once a day for 6 weeks, fromilid 500 mg x 2 times a day for 7 days, azithromycin 500 mg x 1 time per day for 3 days. The comparison group (2nd) consisted of 10 patients who received three-component therapy (omeprazole 20 mg x 2 times, metronidazole 250 mg 1 t x 3 times and amoxicillin 1000 mg x 2 times a day) for 7 days.

**Results and discussion.** Upon admission to the hospital, pain syndrome of varying severity, dyspeptic symptoms in the form of nausea, vomiting, belching with air or food, heartburn, bitterness in the mouth in patients of the 1st and 2nd groups were determined with the same frequency. The average time for pain relief in group 1 ( $n = 26$ ) was  $7.2 \pm 0.2$  in group 2 ( $n = 10$ )  $9.8 \pm 0.2$ , the average time for local palpation pain to disappear in group 1 ( $n = 16$ ) group  $8.0 \pm 0.2$ , in the 2nd ( $n = 10$ ) group  $10 \pm 0.2$ , the average term for relief of dyspeptic syndrome in the 1st ( $n = 16$ ) group  $6.0 \pm 0.1$ , in the 2nd ( $n = 10$ ) group  $9 \pm 0.1$ , the number of patients with a healed ulcer by the 16th day of treatment (%) in group 1 ( $n = 16$ ) 26 (100.0), in group 2 ( $n = 10$ ) 6 (60.0), *H. pylori* eradication by the 16th day of treatment in group 1 ( $n = 26$ ) 15 (92.5), in group 2 ( $n = 10$ ) 9 (90.0).

**Conclusions:** Eradication therapy has been and remains not only an effective treatment for duodenal ulcer, but also an effective way to prevent recurrence, which is of great importance for reducing public costs. Nolvapaz 40 mg + fromilid 500 mg 2 times, azithromycin 500 mg x 1 time per day for 3 days with duodenal ulcer is effective, safe, economically justified.

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