Treatment of Helicobacter Pylori in Children

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Abstract:
Children with *Helicobacter* infection need treatment. The aim of treatment is elimination of *H.Pylori*. Most patients with this infection are asymptomatic and without peptic disease. Treatment and management of these patients are controversy.

Conventional Treatment:
The best treatment for *H. pylori* eradication regimens should have cure rates of at least 80%, be without major side effects, and induce minimal bacterial resistance. Antibiotics alone have not achieved this. Luminal acidity influences both the effectiveness of some antimicrobial agents and the survival of the bacteri; thus antibiotics have been combined with acid suppression such as proton pump inhibitors (PPIs), bismuth, or H2 antagonists. The "classic" regimen is treatment twice daily for 7 days with a PPI and clarithromycin plus either amoxicillin or metronidazole Bismuth has been used in the treatment of peptic ulcer disease and 1 part o quadruple therapy for *H.Pylori* but compliance of children for it is low.

Sequential Therapy
Sequential therapy involves dual therapy with a PPI and amoxicillin for 5 days followed sequentially by clarithromycin, Tinidazole and omeperazole for 5 days or other triple therapy for 7 days. This treatment has had 97% efficacy.

Adjunctive Therapies
A number of studies have showed the potential benefits of probiotic therapy in *H. pylori* treatment regimens. Consumption of these drugs accompanied with other medications increase *H.Pylori* eradication.

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