Gastric Polyps: Where Do We Stand? Anibal Ferreira, MD, João Soares, MD, Ana Caetano, MD, Carla Rolanda, MD, PhD, Artur Machado, MD, Raquel Gonçalves, MD. Gastroenterology, Hospital São Marcos, Braga, Portugal.

Purpose: 1-4% of patients undergoing upper GI endoscopy have gastric polyps. These lesions may be true epithelial polyps, heterotopias, lymphoid tissue, or stromal lesions. Hyperplastic polyps are the most frequently encountered and occur in both sexes, being more common in the seventh decade of life. The objective was to describe the endoscopic and histopathological characteristics of gastric polyps and establish connections with demographic criteria of our population.

Methods: Retrospective analysis of a total of 106 polyps removed with polypectomy snare in the years 2008 and 2009, using endoscopy reports and histopathology results of the lesions. Epidemiologic data was obtained from patient files and was statistically processed with Excel 2007 and SPSS (v16.0). Results: 80.2% were hyperplastic, 9.4% true adenomas, and 5.7% were fundic glands. Hyperplastic polyps average size was 11.5 mm with preferential location in the antrum (52.9%). Most adenomas were sessile (80%) and were located preferentially in the body (50%), with an average size of 8.9 mm (60% of those showed high-grade dysplasia). The majority of individuals were infected with Helicobacter pylori and less than a third was medicated with a PPI at the time of polypectomy. There were no major differences between sexes and age distribution. The authors also present the results of univariate and multivariate analysis of epidemiological associations.

Conclusion: Most polyps were hyperplastic, confirming the association with areas of high prevalence of Helicobacter pylori infection. The small number of adenomas limits statistical results, but clearly a large portion of them had high grade dysplasia in relation with other epidemiological aspects of our population.

117 Quadruple Therapy Using a 3-in-1 Capsule of Bismuth Subcitrate Potassium, Metronidazole, and Tetracycline with Omeprazole Compared to Triple Therapy for the Eradication of Helicobacter pylori

2010 Presidential Poster

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Purpose: Although proton pump inhibitor triple therapy is recommended as first line treatment of H. pylori, eradication rates >80% have been recently reported. Bismuth containing quadruple therapy is an alternative. The efficacy of these 2 approaches was evaluated by re-analyzing 2 randomized controlled trials (RCTs).

Methods: One N. American RCT comparing omeprazole plus a 3-in-1 capsule of bismuth subcitrate potassium, metronidazole, and tetracycline (OBTM) vs. omeprazole, amoxicillin and clarithromycin (OAC) each given for 10 days was combined with a European RCT comparing OBTM (10 days) vs. OAC (7 days). Both RCTs evaluated therapy in patients with upper GI symptoms, positive 13C urea breath test (UBT), a rapid urease test with at least 1 positive test from histology and culture. H. pylori eradication was confirmed by 2 negative UBTs 6 and 10 weeks post therapy. The impact of sex, age, race, presence of peptic ulcer disease (PUD), duration of OAC therapy, and pretreatment H. pylori clarithromycin and metronidazole resistance was evaluated on efficacy in univariate and multivariate analyses. All data were analyzed on an intention to treat basis.

Results: 299 patients were enrolled in the N. American RCT with eradication rates in OBTM arm of 126/147 (86%; 95% CI=79%-91%) and 122/152 (80%; 95% CI=73%-86%) in OAC arm. 440 patients were enrolled in the European RCT with eradication rates of 174/218 (80%; 95% CI=74%-85%) with 10d OBTM and 123/222 (55%; 95% CI=49%-62%) with 7d OAC. There were no predictors of treatment failure in OBTM arms in univariate or multivariate analysis including H. pylori metronidazole resistant strains (81% versus 86%, p=0.23). OAC was less successful in patients without PUD vs. those with PUD (eradication rate 60% vs. 77% respectively; p=0.003), in those taking 7d vs. 10d of therapy (80% vs. 55%; p<0.0001) and in clarithromycin resistant strains (12% vs. 78%, p<0.0001). These factors remained significant in a logistic regression model adjusting for all factors outlined above. In a logistic regression model combining OBTM and OAC groups adjusting for all factors plus an interaction term for clarithromycin resistance and treatment regimen, clarithromycin resistance (p=0.004) was an independent predictor of treatment failure whereas therapy with OBTM was an independent predictor of treatment success (p=0.003).

Conclusion: OBTM appears less susceptible to influence of H. pylori resistance to antibiotics and other factors in determining efficacy and overall may be a better first line choice in the treatment of H. pylori infection.

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