

Erratum

The following abstract was inadvertently omitted from the SAGES abstracts published in the September SAMJ.

ERADICATION RATES AND ULCER HEALING WITH TWO WEEKS LANSOPRAZOLE BASED *H. pylori* (HP) ERADICATION THERAPY. JA Louw¹, C van Rensburg², SK Price³, AK Cariem¹, E Wilken², SJD O'Keefe¹, W Lucke¹ and IN Marks¹. GI Clinics & Departments of Medicine¹ & Pathology³, Universities of Cape Town^{1,3} & Stellenbosch², Grootte Schuur^{1,3} & Tygerberg Hospitals².

While considerable attention has been focussed on the efficacy of PPI-based dual therapy on HP eradication, it is unclear as to how long the PPI should be used to ensure an acceptable speed of ulcer healing. We report on the ulcer healing and eradication efficacy of two dual therapy regimens, based on lansoprazole (Lz) at two different doses.

Methods: HP positive patients with active pyloroduodenal ulceration were randomly assigned to receive either Lz 30mg/day or bd, as well as amoxicillin 1g bd for a period of 14 days. Patients were endoscoped following 14 days of treatment and 4 weeks later. HP status was determined by urease reaction (antrum) and histology in both antrum and gastric body (modified Giemsa, two biopsies each).

Results: Eradicated = HP negative all sites, at 6 weeks (4 weeks after cessation of therapy). Healed = complete epithelialisation.

Healed, 14days:	Lz 30mg oad	Lz 30mg bd	95% CI
ITT:	21/26(81%)	25/30(83%)	-18 - 23%
Per Protocol:	20/25(80%)	25/28(89%)	-10 - 29%
Unhealed:	5*	5	
Eradication:			
ITT:	6/21(29%)	8/26(31%)	-24 - 28%
Per Protocol:	5/20(25%)	8/25(32%)	-21 - 7%

ITT = "intention to treat" /* 1 = symptomatic and withdrawn from study; 3 of the remaining 9 unhealed patients went on to heal at 6/52, while 3 remained unhealed but asymptomatic; no follow-up data on 3 patients. Patient tolerance acceptable with both regimens; one patient withdrawn due to allergic reaction.

Conclusion: Our data suggests that 14 day therapy with lansoprazole, 30mg/day or bd, heals 80% or more of pyloroduodenal ulcers. Although low, the eradication efficacy falls within the wide range reported for PPI-based dual therapy. Further studies are needed to define the optimal antibiotic co-therapy, with regard to both short term healing and HP eradication.