Containing the Costs of Recurrent Gastro-Duodenal Ulcer Bleeding

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Dear Editor,

The paper by Takatori et al. [1] was extremely interesting, as it reported about the very high risk of upper gastrointestinal (GI) bleeding in patients with previous diagnosis of gastro-duodenal ulcer (GDU). In this era where there is a much focus on cost-containment and cost-cutting of hospital facilities, this study throws light on effective ways of reducing medical costs in the eradication of *Helicobacter pylori* infection, which is a known cause of GDU and GI bleeding. Takatori et al. [1] reported that it was almost impossible to ascertain whether or not these bleeding patients, observed in 2011–2014, had received testing for *H. pylori* infection, and cure for it, at the time they were diagnosed with GDU. Ulcer recurrence in the first year occurred in two-thirds of patients carrying *H. pylori* and who failed to respond to curative treatment in Japan [2], while we and others in Italy observed almost zero recurrence of duodenal ulcer in the same timeframe, if patients were successfully cured of the infection [3, 4]. However, in the United States, a country with very low prevalence of *H. pylori* infection among the white population, recurrence rate was reported to be 20% after cure of the bacterium [5]. This rate is nonetheless far lower than that of two-thirds of

non-cured patients. Upper GI bleeding leads to the need for hospitalization, urgent endoscopy, and often of resuscitation and multiple blood transfusions; the costs are staggering when compared with those of testing for *H. pylori*, even without taking into account the risk of death and the days lost to work. We would like to stress the importance of performing multiple tests for this infectious agent in GDU patients, as very often, gastric biopsies give negative results at the time of bleeding as highlighted by the Maastricht V/Florence consensus report [6]. Therapy failures are representing a further increasing problem [6]; one reason for it – in Italy – is the present set of guidelines developed for treatment, which physicians are bound to obey even if they are no longer efficacious. We believe that it is necessary to liberalize the therapies used in the treatment of *H. pylori* infection – in Italy – and that this will greatly reduce future costs of treating upper GI bleeding.

Disclosure Statement

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