Eradication of Helicobacter Pylori in Patients Underwent Sleeve Gastrectomy: Should it be performed and by who?

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INTRODUCTION: It is common to find *H. Pylori* infection on pathology reports in asymptomatic patients undergoing sleeve gastrectomy. It is not clear in the reviewing the literature whether treating this infection is necessary or advisable in this population and whether it should be done in the bariatric clinic or in the primary care setting.

METHODS: We retrospectively reviewed our bariatric and drug information system from January 1st, 2009 to December 31st, 2018 to determine the frequency and document the current management of patients with *H. Pylori* in their sleeve gastrectomy specimens

RESULTS: During the study period, 478 cases of sleeve gastrectomy were performed. Of those undergoing sleeve gastrectomy, 25 patients were found to have histologic diagnosis of *H. Pylori* infection (5.2%). The median age of those patients was 50; 16 were female (64%). At the first postoperative follow up appointment, 80% of patients with *H. pylori* infection were prescribed PPI triple therapy [PPI + Amoxicillin + Clarithromycin] or [PPI + Metronidazole + Clarithromycin for 10-14 days. The most interesting finding was 44% of those patients did not fill their prescriptions. Only 32% of patients prescribed triple therapy completed the course. Of those, only 25% had confirmation testing performed. The other 20% of patients with *H. pylori* infection, were advised to follow up with their primary care practitioner regarding the result.

CONCLUSIONS: It is not clear based on our finding that patients are benefiting from the current management of *H. Pylori* infection post sleeve gastrectomy. The current guidelines are all patients treated for *H. pylori* should be confirmed for eradication because of increasing antibiotic resistance. Based on the variable rationales for eradication, differing response rates and need for continuity of care, we believe therapeutic decisions and assessing eradication of *H. Pylori* infection in asymptomatic patients is better managed in the primary care setting.