



Evaluated the following parameters: average intragastric pH, % time pH greater than 4 (% t pH > 4), (length of time the drug), presence of nocturnal acid breakthrough (CNR).

**Results:** In analyzing the performance of the studied patients revealed significant differences on average intragastric pH -  $5,3 \pm 0,72$  in Omez vs  $5,4 \pm 0,66$  in Oprozol ( $p > 0,05$ ). Estimating rate % t pH > 4, which is characterized by antisecretory effect of drugs, the figure was Omez ( $78,6 \pm 8,55$ )%, while the figure was Oprozol ( $74,0 \pm 6,1$ )% ( $P > 0,05$ ).

**Conclusion:** "Oprozol" comparable to the drug "Omez" on the efficacy and safety profiles condition.

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**SEQUENTIAL THERAPY FOR THE ERADICATION OF**  
**HELICOBACTER PYLORI IN PATIENTS WITH DUODENAL ULCER**  
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**Introduction:** Despite the widespread use of therapy for the eradication of HP ulcer incidence in Ukraine remains high. Challenge during sequential therapy is resistant to antibiotics. So to metrodidazol in Ukraine it is more than 40%, to clarithromycin reaches 22.6%. According to the recommendations of the Maastricht consensus IV, the drug should not be used if resistance to it more than 15-20% in this particular region. Accordingly, the question arises, how adequate is the classic scheme consisting of amoxicillin, clarithromycin and a proton pump inhibitor in our region? The well-known positive effect of drugs bismuth as the healing of the ulcer, and the results of therapy. The best representative of this group is Bismuth Subcitrate Potassium (BSP). The drug has a direct bactericidal action, including the coccoid forms of HP. BSP may be a component for first-line therapy (the Moscow Agreement, Maastricht IV) in the case of resistance to clarithromycin > 15-20%. One solution to the problem of resistance is the use of sequential therapy, which according to the literature, is more effective in carrying out therapy for the eradication of HP.

**Aim:** to compare the effective classical 10-day eradication scheme and sequential scheme for 10 days. The scheme of sequential therapy: amoxicillin 2 g / day 5 days, then clarithromycin 1 g / day 5 days + tinidazole 1 g / day 5 days in patients receiving rabeprazole 40 mg daily for 10 days. Examined 63 patients with peptic duodenal ulcer. Medium age  $42,6 \pm 4,3$  years. The classic triple therapy assigned 32 patients, sequential therapy + BSP - 31 patients. Control eradication performed 5 weeks after the last day of taking the antibiotic by determining HP antigen in feces. Eradication reached a high percentage in the group sequential therapy - 96.8% against 72% in the classic (triple) therapy.

**Conclusion:** Thus, scheme sequential therapy with BSP is a highly - efficiency 96.8%, and significantly different from the classical (triple) therapy - 72%. High-efficiency of sequential therapy with BSP can recommend it as a first-line regimen.