Non-invasive tests for *H. pylori*[3]

^{13}C-UREA BREATH TEST (UBT)[3]

- Highest sensitivity (95%–100%) and specificity (95%–100%)
- PPIs need to be stopped 14 days before testing; current or recent antibiotic therapy needs to be excluded

SEROLOGICAL ANTIBODY DETECTION[3]

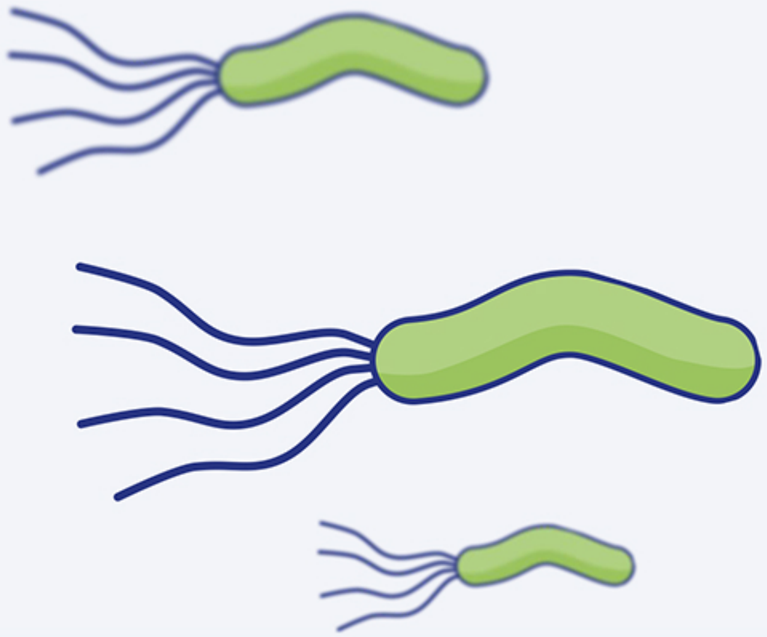
- Lowest sensitivity (74.4%) and specificity (59%)
- Rapid, simple, and inexpensive
- Cannot distinguish between active and previous infection

STOOL ANTIGEN TEST[3]

- Slightly lower sensitivity (>95%) and specificity (>95%) vs UBT, but higher vs serological antibody detection
- Rapid, simple, and inexpensive

DIRECT DETECTION IN STOOL VIA PCR

Adapted from: Malfertheiner P, et al. 2022 and 2023, and Koletzko, L, et al. 2019. [3,4,24]



ALARM SYMPTOMS:[3,22]

- Dysphagia
- Anaemia
- Jaundice
- Black stools/blood in stools
- Unintentional weight loss
- Vomiting

Endoscopy

H.PYLORI-NEGATIVE dyspepsia

Organic dyspepsia or functional dyspepsia

H. PYLORI-POSITIVE dyspepsia

Endoscopy

Treatment solutions for *H. PYLORI*-POSITIVE

No symptom improvement?

Re-testing to confirm eradication

Eradication of *H. pylori* can be confirmed at or after four weeks from the end of therapy **via non-invasive ^{13}C-urea breath test or faecal antigen test, or by upper digestive tract endoscopy**[7]