

LETTERS TO THE EDITOR

Furazolidone therapy for *Helicobacter pylori*: Is it effective and safe?

Vincenzo De Francesco, Enzo Ierardi, Cesare Hassan, Angelo Zullo

Vincenzo De Francesco, Enzo Ierardi, Gastroenterology Unit, "Riuniti" Hospital, Viale L. Pinto, 71100 Foggia, Italy
Cesare Hassan, Angelo Zullo, Gastroenterology and Digestive Endoscopy, Nuovo Regina Margherita Hospital, Via E. Morosini 30, 00153 Rome, Italy

Author contributions: Authors equally contributed to the letter.
Correspondence to: Vincenzo De Francesco, Gastroenterology Unit, "Riuniti" Hospital, Viale L. Pinto, 71100 Foggia, Italy. vdefrancesco@alice.it

Telephone: +39-881-702023 Fax: +39-881-702021

Received: December 19, 2008 Revised: February 11, 2009

Accepted: February 18, 2009

Published online: April 21, 2009

Abstract

Some aspects related with the use of furazolidone as a rescue therapy for *Helicobacter pylori* (*H pylori*) infection should be remarked, especially regarding its potential oncologic risk. The inclusion of furazolidone in a treatment regimen for *H pylori* infection is, at least, controversial, and it does not appear to be safe.

© 2009 The WJG Press and Baishideng. All rights reserved.

Key words: *Helicobacter pylori*; Therapy; Furazolidone; Rescue therapy

Peer reviewer: Julio H Carri, Professor, Internal Medicine-Gastroenterology, Universidad Nacional de Córdoba, Av.Estrada 160-P 5-Department D, Córdoba 5000, Argentina

Francesco VD, Ierardi E, Hassan C, Zullo A. Furazolidone therapy for *Helicobacter pylori*: Is it effective and safe? *World J Gastroenterol* 2009; 15(15): 1914-1915 Available from: URL: <http://www.wjgnet.com/1007-9327/15/1914.asp> DOI: <http://dx.doi.org/10.3748/wjg.15.1914>

TO THE EDITOR

We have read with great interest the study performed in Brazil by Felga *et al*^[1] on the efficacy and safety of a 'rescue' therapy to cure *Helicobacter pylori* (*H pylori*) infection. Briefly, following a quadruple therapy including PPI, bismuth salts, amoxicillin and furazolidone, a 68.8% eradication rate was achieved, a side-effect incidence of 31.4% was observed, and treatment interruption occurred in 3 (6.7%) out of

45 controlled patients. The authors concluded that 'it is an effective, cheap and safe option for salvage therapy'. We have some concerns about these conclusions. First, in the manuscript, the eradication rate was calculated only at 'per protocol' analysis (68.8%; 31 of 45). However, by calculating the success rate at 'intention to treat' analysis (all the 51 treated patients), the eradication rate was as low as 60.8%. Therefore, this quadruple therapy would not appear so 'effective' as declared. Indeed, it has been found that a simpler, levofloxacin-amoxicillin triple therapy achieved a higher eradication rate as a second-line therapy or even 'rescue' therapy^[2,3]. The reported side-effect incidence (31.4%) was much higher than that observed following furazolidone-free therapies, which was lower than 10% with an interruption rate as low as 0.003%-0.007% in thousands of patients^[4]. This observation suggests that treatment with furazolidone is not so 'safe' as declared. Last but not the least, some crucial ethical concerns arise with the use of furazolidone. This is an antibiotic used in the 1980s for parasitic infections and some studies described its use in human subjects to treat *H pylori* infection. However, different studies were published that raised several concerns about this agent and its potential for causing tumors^[5,6]. Moreover, the company that made the agent in the United States (Roberts Pharmaceuticals) was sold to Shire Pharmaceuticals and the FDA withdrew its approval for furazolidone in March 2005. The drug was ordered to be removed even from animals as an antibiotic by the FDA in 2002. The FDA has subsequently sued companies that illegally imported the drug from Mexico for use in animals. Simultaneously, the European Medicinal Agency (EMA; the equivalent of the FDA in the European Union) banned the drug in Europe. Although the drug continues to be available in some developing countries such as Iran, Pakistan, India, Mexico and Brazil, a number of public and press campaigns from concerned individuals have urged governments to ban the drug in those countries. Therefore, can we consider a therapy including furazolidone to be 'safe' as the authors declared? Although it has been stated that study was approved by the Ethical Committee, were patients informed of possible genotoxic and carcinogenic effects for which furazolidone is not currently approved by both FDA and EMA?

REFERENCES

- 1 Felga GE, Silva FM, Barbuti RC, Navarro-Rodriguez T,

- Zaterka S, Eisig JN. Quadruple therapy with furazolidone for retreatment in patients with peptic ulcer disease. *World J Gastroenterol* 2008; **14**: 6224-6227
- 2 **Gatta L**, Zullo A, Perna F, Ricci C, De Francesco V, Tampieri A, Bernabucci V, Cavina M, Hassan C, Ierardi E, Morini S, Vaira D. A 10-day levofloxacin-based triple therapy in patients who have failed two eradication courses. *Aliment Pharmacol Ther* 2005; **22**: 45-49
- 3 **Zullo A**, Hassan C, De Francesco V, Lorenzetti R, Marignani M, Angeletti S, Ierardi E, Morini S. A third-line levofloxacin-based rescue therapy for *Helicobacter pylori* eradication. *Dig Liver Dis* 2003; **35**: 232-236
- 4 **Zullo A**, De Francesco V, Hassan C, Morini S, Vaira D. The sequential therapy regimen for *Helicobacter pylori* eradication: a pooled-data analysis. *Gut* 2007; **56**: 1353-1357
- 5 **Tatsuta M**, Iishi H, Baba M, Taniguchi H. Attenuating effect of the monoamine oxidase inhibitor furazolidone on the anti-carcinogenic effect of cysteamine on gastric carcinogenesis induced by N-methyl-N'-nitro-N-nitrosoguanidine in Wistar rats. *Int J Cancer* 1991; **48**: 605-608
- 6 **Ahmed HH**, El-Aziem SH, Abdel-Wahhab MA. Potential role of cysteine and methionine in the protection against hormonal imbalance and mutagenicity induced by furazolidone in female rats. *Toxicology* 2008; **243**: 31-42

S- Editor Cheng JX L- Editor Ma JY E- Editor Lin YP