Treatment of *H pylori* infection

In the August 2024 issue, an error appeared in *Aldhaleei WA, Wallace MB, Harris DM, Bi Y. Helicobacter pylori: A concise review of the latest treatments against an old foe. Cleve Clin J Med 2024; 91(8):481–487. doi:10.3949/ccjm.91a.24031.* The first paragraph in the section titled "Proton pump inhibitor or potassium-competitive acid blockers" (pages 484–485 in print) should have read as follows: "The ability of *H pylori* to survive in an acidic environment necessitates the use of a proton pump inhibitor to maintain the intragastric pH above 6 and enhance the bioavailability of the antibiotics.[19,20] Several proton pump inhibitors are available, but rabeprazole or esomeprazole 20 to 40 mg twice daily is preferable. Unlike omeprazole, lansoprazole, esomeprazole, and pantoprazole, which are mainly metabolized in the liver by CYP2C19, rabeprazole is mainly metabolized by a nonenzymatic pathway and to a lesser extent by CYP2C19.[21] CYP2C19 metabolism is based on genetic predisposition (normal, intermediate, poor, rapid or ultrarapid metabolizer), resulting in more or less acid suppression, depending on the patient. Information on the type of metabolism is only available with genetic testing. Because rabeprazole metabolism is not dependent on enzyme CYP2C19 metabolism, acid suppression is more consistent and not patient-dependent.[22] Esomeprazole exhibits potent inhibition of the proton pump.[15]"

References 21 and 22 were added to the article and the subsequent references renumbered accordingly.

21. **Bakheit AH, Al-Kahtani HM, Albraiki S.** Rabeprazole: A comprehensive profile. Profiles Drug Subst Excip Relat Methodol 2021; 46:137-183. doi:10.1016/bs.podrm.2020.07.003
22. **Harris DM, Stancampiano FF, Burton MC, et al.** Use of pharmacogenomics to guide proton pump inhibitor therapy in clinical practice. Dig Dis Sci 2021; 66(12):4120–4127. doi:10.1007/s10620-020-06814-1

The corrected article is available at www.ccjm.org.