

Peptic ulcer disease.

Date

- Open sores on the inner lining of the stomach wall and upper part of the small intestine is known as: Peptic ulcer disease.

- It is of two types:

Gastric ulcer	Duodenal ulcers
- Less common type	- More common type
- Hematemesis is seen	- Hematemesis is not seen.
- wt. loss.	- wt. gain or no changes in weight.
- Pain occurs immediately after intake of food.	- Pain precipitates usually after 3-4 hr of food intake.
- Vomiting is common	- Vomiting is rare.
- Day time pain	- Night time pain
- Age: ≥ 50 yrs.	- Age: 40-50 yrs.
- Deficient mucosal defence is significant factor	- Hyperacidity is the most significant factor
- Epigastric pain is seen	- severe spasmodic pain is seen.

⇒ Risk factors:

- Alcohol.
- Smoking.
- Age: (D: 40-50 yrs ; G: ≥ 50 yrs)
- Gender (D: M < F)
- Medications.

(NSAIDs + other drugs)

- Anxiety.
- Spicy food diet.
- Stress.
- H. pylori infection.

⇒ Clinical features:

- Epigastric pain
- Burning, gnawing, sharp-aching sensation.
- Bleeding.
- Dyspepsia (Indigestion)
- Nausea / vomiting.
- Bloating.

⇒ Complications:

- Coffee ground vomitus
- Hemorrhage or internal bleeding
- (Blood vessels gets damaged due to erosion of ulcer into duodenal and stomach wall).
- Perforation of stomach wall.
- Obstruction.
- Swelling and scarring.

⇒ Pathophysiology:

Normal gastric
mucosa

↓ acquisition of H. pylori

Acute gastritis.

↓

Asymptomatic and symptomatic
acquisition.

↓

Chronic active
gastritis.

↙

↘

Antreal
pre-dominant
gastritis

corpus.
pre-dominant
gastritis with
multifocal atrophy

↓

↓

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↓

Duodenal
ulcer

MALT
lymphoma

Gastric
ulcer

Gastric
cancer

⇒ Diagnostic tests:

(1) Blood levels - ↓ Hb due to Hemat-
emesis

↑ ESR

(2) Endoscopy

(3) Esophagogastroduodenoscopy

(4) Barium - swallow test:

Barium filled stomach and intestine is useful when endoscopy does not reveal any ulcers.

- It is less reliable as it can miss about 25% of ulcers.

(5) Urea - Breath test:

- A carbon - enriched urea salt is given to the patient and excreted carbon dioxide is measured.

~~Goals of treatment:~~

⇒ Non-pharmac. treatment:

(1) Rest and diet changes -

- Complete rest especially in case of complicated ulcers is very useful.
- Restriction of spicy food.
- Food evitant to GI
- Enhancers of gastric secretion.
- Intake of recommended diet every 4 hours.
- Stress relieving therapy.

⇒ Pharmac. treatment:

- (1) Provide pain relief with Antacids and Mucosal suppression.
- (2) Eradicate H. Pylori with Antihistamines and H₂RA.
- (3) Prevent recurrence.

⇒ Triple therapy regimen:

PPI + CL 500mg + MT 500mg
(OD/BD) PO (BD) PO (BD)

or

AMX 1g PO
(BD)

⇒ Bismuth-based quadruple therapy regimen:

PPI. BSS 525mg MT- 250 to 500mg
or PO (QID) + PO (QID)

H₂RA
(OD/BD)

+

TTC 250-500mg
PO (QID)

⇒ Sequential therapy regimen:

PPI. AMX 1g U 250-500
(OD/BD) + BD. mg BD.
(1-10 days) (1-5 days) (6-10)

+ MT 250-500mg.
BD. (6-10)

⇒ second-line therapy regimen:

(1) PPI. BSS 525mg MT 250-500 PO
or + PO + (QID)

H₂RA (QID) +

(OD/BD)

TTC 250-500mg
(QID)

(2) PPI. + AMIX 1g + LEVF x 250mg
(OD/BD) (BD) (BD)

H. PYLORI ERADICATION:

(1) Omeprazole + Clamithmo + Amoxicillin.
(20mg (BD) 500mg (BD) 1gm (BD)

For 10 days.

(2) Lansoprazole + Clamithmo + Amoxicillin.
30mg (BD) 500mg (BD) 1gm (BD)

for 10 days.

(3) Bismuth.
subsalicylate
525mg (QID)

+

→ 14 days.

Metronidazole
250mg (BD) (QID)

+

Tetracycline
500mg (QID)

+

H₂RA or PPI

] → 4 weeks.