

## Stomach and Duodenal ulcers

### What is a peptic ulcer?

Peptic ulcers are eroded areas that form in the lining of the digestive system. They affect more than 10% of the population each year. Peptic ulcers usually occur in the stomach (gastric ulcer) or in the duodenum (duodenal ulcer), which is the upper region of the small intestine.

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### What are the symptoms of peptic ulcer disease?

Signs and symptoms of ulcers include: pain or discomfort, bloating, early fullness with eating, lack of appetite, nausea, vomiting, bleeding, (black and tarry stools or anaemia). These symptoms tend to occur about two to five hours following meals or on an empty stomach. Symptoms typically develop at night between 11pm to 2am when acid secretion tends to be highest. Patients with symptoms of gastric ulcers commonly experience more severe pain soon after meals. In addition, eating or taking antacids less frequently relieves symptoms.

### What causes ulcers?

The two most common causes of peptic ulcers are:

- ❑ **Helicobacter pylori**, a bacteria that is frequently found in the stomach
- ❑ **Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen**

Rarer causes include:

- ❑ Psychological stress and dietary factors (once thought to be the cause of ulcers) do not have a major role
- ❑ Zollinger-Ellison syndrome in which excessive levels of acid production occur,
- ❑ Viral infections (eg, Cytomegalovirus, herpes simplex virus type I),
- ❑ Chemotherapy Radiotherapy

### How are ulcers diagnosed?

The most common test is a Gastroscopy, in which a small flexible tube with a camera at the end is passed through the mouth to examine the lining of the stomach and the duodenum, performed under a light sedation anaesthetic.

### What are possible complications of ulcers?

Peptic ulcers can heal spontaneously and can come and go. On the other hand, they can also be associated with serious, potentially life-threatening complications. The most common complications of ulcers are bleeding and perforation (ie, when the ulcer erodes through the lining of the stomach or duodenum causing a hole). Bleeding can be gradual or abrupt; in the latter case it is often associated with black, tarry loose stools (called melena), and a drop in blood pressure.

### How is peptic ulcer disease treated?

Most ulcers can be healed with medications. Surgery is rarely needed except when complications have developed. The initial steps in treating ulcers include the identification of H. pylori infection and ceasing NSAIDs. Patients who have H. pylori should be treated for the infection. Most people continue taking medications to reduce stomach acid for several weeks until the ulcer heals completely in six weeks.

- ◆ **Smoking should be discontinued**
- ◆ **NSAIDs (anti inflammatory pills) should be avoided if possible.**
- ◆ **Foods that cause stomach upset should be avoided**, although they probably have no role in ulcer healing.
- ◆ **Avoid alcohol** until the ulcer has had time to heal. Alcohol abuse impairs ulcer healing
- ◆ **Reduced stress** in your life is good for overall health and may be of some benefit in healing ulcers.
- ◆ Herbal medications and supplements (such as liquorice, marshmallow, and glutamine) probably have no role.

### What to do after therapy?

Uncomplicated duodenal ulcers that have been treated generally do not need follow-up testing. However, testing to ensure that H. pylori has been successfully cured is usually performed on patients who have had complications (such as bleeding or perforation). A breath test is usually performed 1 month after ulcer healing medication is completed. In patients with gastric ulcers, a repeat endoscopy to demonstrate healing and to make sure that the ulcer did not harbour a cancer within it. Continued long-term antiulcer therapy with medications to suppress stomach acid is usually recommended for individuals, who have a high risk of ulcer recurrence.