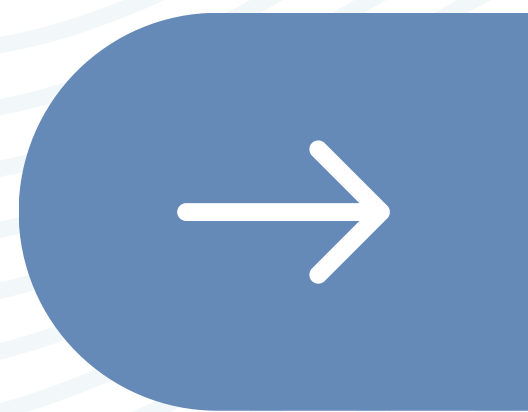


#DIBS BY NEXTILLO

DAILY INFORMATION BULLETIN SERVICE

PEPTIC ULCER





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PEPTIC ULCER

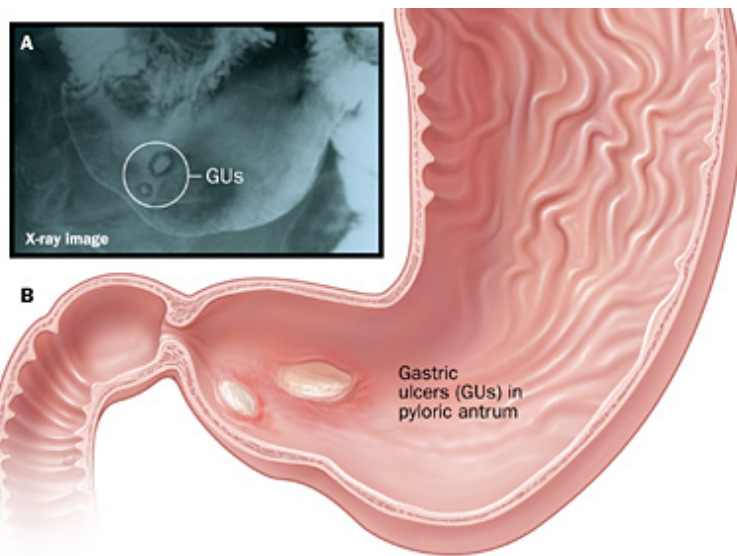
A peptic ulcer is *lesion that forms in the lining of the stomach, the lower part of the esophagus, or the small intestine, typically due to erosion by stomach acids.*

Etiology:

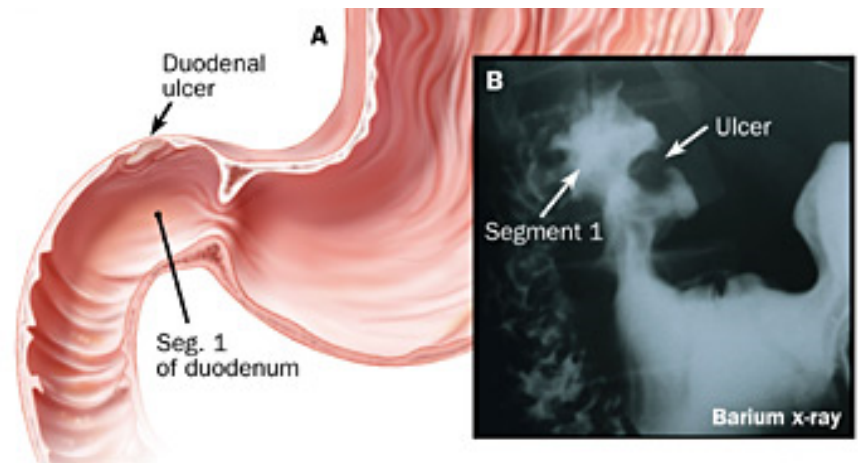
- *Helicobacter pylori (H. pylori): Primary cause of peptic ulcers, affecting the stomach and duodenum.*
- *NSAIDs: Prolonged use of nonsteroidal anti-inflammatory drugs.*
- *Acid Production: Excessive gastric acid secretion contributes to ulcer formation.*



CLINICAL IMPRESSION



Gastric Ulcer



Duodenal Ulcer



CLINICAL PRESENTATION

- **Epigastric Pain:** Burning sensation, often occurring between meals and during the night.
- **Dyspepsia:** Discomfort or indigestion.
- **Nausea and Vomiting:** Especially if the ulcer is in the stomach.
- **Gastrointestinal Bleeding:** Manifested as melena or hematemesis.

Diagnosis

- **Endoscopy:** Direct visualization of ulcers.
- **H. pylori Testing:** Breath tests, blood tests, or biopsy during endoscopy.
- **Barium X-ray:** Reveals ulcer location and size.



CLASSIFICATION

1. Type 1 Gastric Ulcer:

- **Location** : Proximal stomach, typically on the lesser curvature.
- Associated with normal or reduced acid secretion.

2. Type 2 Gastric Ulcer:

- **Location**: Body of the stomach, along the lesser curvature.
- **Relation to Acid Secretion**: Hypersecretion of acid, often associated with Zollinger-Ellison syndrome (gastrin-secreting tumors).

3. Type 3 Gastric Ulcer:

- **Location**: Distal stomach, usually near the pylorus.
- **Relation to Acid Secretion**: Associated with *H. pylori* infection.

4. Type 4 Gastric Ulcer:

- **Location**: Proximal stomach, involving the gastroesophageal junction.
- **Relation to Acid Secretion**: Associated with gastroesophageal reflux disease (GERD).

5. Type 5 Gastric Ulcer:

- **Location**: Any part of the stomach.
- **Relation to Acid Secretion**: Associated with NSAID use.



MANAGEMENT

Antibiotics for *H. pylori* Eradication:

- Common antibiotics include clarithromycin, amoxicillin, and metronidazole.

Proton Pump Inhibitors (PPIs) or H2 Blockers:

- PPIs (e.g., omeprazole, lansoprazole) or H2 blockers (e.g., ranitidine, famotidine) are used to reduce stomach acid production.

Cytoprotective Agents:

- Medications like sucralfate create a protective barrier over the ulcer, aiding in healing and preventing further damage.

Avoidance of NSAIDs:

- Alternative pain management strategies may be considered.

Lifestyle Modifications:

- Avoiding spicy foods, acidic foods, and caffeine.
- Smoking Cessation
- Alcohol Limitation



PEPTIC ULCER

Question:

Which bacterium is commonly associated with the development of peptic ulcers?

- A) *Escherichia coli* (E. coli)
- B) *Helicobacter pylori* (H. pylori)
- C) *Streptococcus pneumoniae*
- D) *Staphylococcus aureus*

Ans: A) *Escherichia coli* (E. coli)