Peptic Ulcer Disease (PUD)

Disruption of mucosal integrity of the stomach and/or duodenum >5 mm in size

Signs & Symptoms

Epigastric pain
- effect of food
- Gastric ulcer
- Duodenal ulcer

Aggressive factors overwhelm defensive factors
- Gastric acid, pepsin
- Scanty mucus, microcirculation, prostaglandins, mucosal barrier

Sites

1- Types

Severe physiological stress

Helicobacter pylori

Other

4- Etiology

Nonsteroidal Antiinflammatory Drugs (NSAIDs)

Severe physiological stress

Possible causes:
1.
2.
3.
4.
5.
6.
7.
8.

Hypersecretory states (uncommon) as Gastrinoma (Zollinger-Ellison syndrome)

5- Risk Factors

NSAID use

6- Diagnosis

Detection of H. pylori Infection

for all patients

Endoscopic findings tests

Nonendoscopic noninvasive tests

depends on radiographic and/or endoscopic confirmation

usually replaced by endoscopy

6RMD

7- Treatment

Goals

Pharmacological agents (see the tables)

Neutralization & Suppression of Acid Production

Protecting the Mucosa

Surgical therapy

Helicobacter pylori Eradication Therapy

Triple therapy

7-14 days

Antimicrobial agents

ulcer-healing agents

7-14 days

High rate of metronidazole resistance

7- 14 days

for penicillin-allergic patients;

SRMD

8- Patient Education

Metronidazole

PPI

Bismuth salt

Special Tests

9- Follow up

Gastric ulcer

Duodenal ulcer

H. pylori Eradication

Lifestyle Modifications

Treatment of Zollinger-Ellison syndrome

Treatment of NSAID’s-induced PUD

PPI therapy:

Cessation of NSAIDs

Prevention of NSAID’s-induced PUD

If must remain on NSAID use:

Prevention of stress related gastric ulceration

SRMD

H. pylori Eradication Therapy

Regimens for patient with refractory ulcer:

4-drug regimen:

for 7 days:

for 12 days:

803x309

for all patients

534x335

why?

609x373

647x373

706x373

radiographic and/or endoscopic confirmation

why?

647x373

usually replaced by endoscopy

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