

Peptic Ulcer

Description

An ulcer is a sore in the gastrointestinal tract. Ulcers that form in the upper part of the small intestine are *duodenal ulcers*. They are the most common type. Ulcers that form in the stomach are called *gastric ulcers*. They are less common. Ulcers can affect all ages.

Frequent Signs and Symptoms

- Pain in the upper abdomen, or sometimes, the lower chest. It may be a burning, boring, or gnawing feeling that lasts 30 minutes to 3 hours. It may be worse before or after eating. It often awakens a person during the night. The pain may come and go. Weeks of off-and-on pain may alternate with short, pain-free periods.
- Pain is temporarily relieved with use of antacids.
- Appetite loss and weight loss. With duodenal, it may be weight gain, as person eats more to ease discomfort.
- Vomiting (sometimes may contain blood, which may look like coffee grounds).
- Blood in the stool, which may look black and tarry.

Causes

- Almost all ulcers are caused by either an infection with *Helicobacter pylori* bacteria or nonsteroidal, anti-inflammatory drugs. *Helicobacter pylori* bacteria is present in many healthy people. Why it causes ulcers in some is unknown.
- Ulcers are not caused by eating spicy foods, although this may aggravate existing ulcers.

Risk increases with:

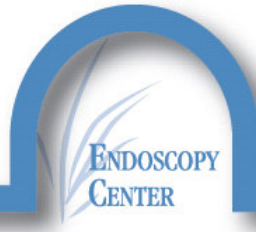
- Family history of ulcers.
- Elderly.
- Smoking.
- Excess alcohol use (possibly).
- Use of nonsteroidal, anti-inflammatory drugs (e.g., aspirin).
- Type-O blood (for duodenal ulcers).

Preventive Measures

Avoid as many risk factors as possible.

Expected Outcomes

Usually curable with treatment, but relapses can occur.



Possible Complications

- Perforation. This is an erosion of the ulcer through the intestinal wall. It can cause infection or bleeding into the abdomen.
- Bleeding into the intestine.
- Anemia from blood loss.
- Duodenal ulcers are almost always benign, while gastric ulcers may rarely become malignant.
- Intestinal obstruction.

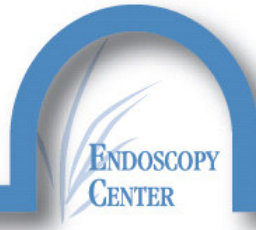
Peptic Ulcer – Diagnosis & Treatment

General Measures

- Your health care provider will do a physical exam and ask about your symptoms and activities. Medical tests may include blood studies, gastrointestinal tract studies, and a test to check for *Helicobacter pylori*.
- Treatment is with drugs and, sometimes, lifestyle changes.
- Discontinue the use of aspirin or non-steroidal anti-inflammatory drugs. Use acetaminophen instead.
- Quit smoking. Find a way to stop that works for you.
- If you drink alcohol heavily, stop or cut down.
- If stress is a problem, learn ways to help you cope.
- Hospital care may be needed for complications such as bleeding ulcer or severe perforation or obstruction.
- Surgery for some patients for complications, or if drug treatment is not effective.
- To learn more: National Digestive Diseases Information Clearinghouse, 2 Information Way, Bethesda, MD 20892, (800) 891-5389; website: www.digestive.niddk.nih.gov.

Medications

- Antibiotics to eradicate *Helicobacter pylori* infection.
- Antacids to help neutralize excess stomach acid.
- H2 blockers or proton pump inhibitors to reduce stomach acid. Long-term therapy may be required for some patients.
- Drugs to coat the area of the ulcer.



Activity

No limits.

Diet

- Eat small, healthy meals on a regular scheduled.
- Avoid foods that bring on pain.

Follow up with your provider if:

- You or a family member has symptoms of an ulcer.
- Vomiting occurs that is bloody or looks like coffee grounds, or stool is bloody, black, or tarry-looking.
- You feel weak and tired, and have pale skin.
- Severe back pain occurs.