

Ulcer Disease

What is an Ulcer?

About 20 million Americans will suffer from an ulcer in their lifetime. Duodenal ulcers often occur between the ages of 30 and 50, and are twice as common among men. Stomach ulcers are more common after the age of 60 and are more common in women.

An ulcer is a focal area of the stomach or duodenum that has been destroyed by digestive juices and stomach acid. Most ulcers are no larger than a pencil eraser, but they can cause tremendous discomfort and pain.

What are the Symptoms of Ulcers?

The most common symptom of an ulcer is a gnawing or burning pain in the upper abdomen. The pain often occurs between meals and sometimes awakens people from sleep. Pain may last minutes to hours and is often relieved by eating and taking antacids. Less common symptoms of an ulcer include nausea, vomiting and loss of appetite and weight.

What Causes Ulcers?

In the past, ulcers were incorrectly thought to be caused by stress. Doctors now know that there are two major causes of ulcers. Most often patients are infected with the bacteria *Helicobacter pylori* (*H. pylori*). Others who develop ulcers are regular users of pain medications called non-steroidal anti-inflammatory drugs (NSAIDs), which include common products like aspirin and ibuprofen. The use of antibiotics to fight the *H. pylori* infection is a major scientific advance. Studies now show that antibiotics can permanently cure 80- 90% of peptic ulcers. Blocking stomach acid remains very important in the initial healing of an ulcer.

Helicobacter pylori

Most ulcers arise because of the presence of *Helicobacter pylori*. Because *H. pylori* exists in the stomachs of some people who do not develop ulcers, most scientists now believe that ulcers occur in persons who have a combination of a genetic predisposition, plus the presence of the bacteria, *Helicobacter pylori*.

Use of Non-Steroidal Anti- Inflammatory Drugs (NSAIDs)

The second major cause for ulcers is irritation of the stomach arising from regular use of non-steroidal anti- inflammatory drugs. NSAID-induced gastrointestinal side effects can best be avoided by using alternative therapy whenever possible. Low-dose corticosteroids or supportive drugs such as acetaminophen are alternatives to NSAIDs to consider. Four grams per day of acetaminophen has been shown to be comparable to analgesic and anti-inflammatory doses of ibuprofen for osteoarthritis pain and is not associated with an increased risk of gastrointestinal side effects. If you are taking over-the-counter pain medications on a regular basis, you will want to talk with your physician about the potential for ulcers and other GI side effects.

Your doctor may recommend a change in the medication you are using, or the addition of some other medication in conjunction with your pain medication to prevent ulceration. These could range from switching to acetaminophen, use of antacids or a prescription product (such as misoprostol) in conjunction with your pain medication.

What are the Complications of Ulcers?

Bleeding

Bleeding from an ulcer can occur in the stomach or the duodenum, and is sometimes the only sign of an ulcer. Bleeding from an ulcer may be slow, causing anemia and fatigue. More rapid bleeding can cause bowel movements to become sticky and tarry black or even bloody. Bleeding ulcers may cause nausea and vomiting of acidified blood that looks like old coffee grounds.

Perforation

When ulcers are left untreated digestive juices and stomach acid can literally eat a hole in the intestinal lining. Bacteria, food and digestive juices can spill into the abdominal cavity causing sudden, intense pain that requires hospitalization, and often surgery.

Obstruction

Chronic inflammation from an ulcer can cause swelling and scarring to occur. Over time scarring may close the outlet of the stomach, preventing food to pass and causing vomiting and weight loss.

How are Ulcers Diagnosed?

Most doctors recommend that a test be performed to evaluate for the presence of an ulcer if symptoms are not improved after 2 weeks of treatment with an acid blocking medicine (cimetidine, ranitidine, famotidine, omeprazole or lansaprazole etc.). The two tests most commonly used to evaluate for ulcer are an X-ray known as an Upper GI Series or UGI, and a procedure called an Endoscopy or EGD.

Upper GI Series

This is an X-ray test where you are given a chalky material to drink while X-rays are taken to outline the anatomy of the digestive tract.

Endoscopy

This test involves insertion of a small lighted flexible tube through the mouth into the esophagus and stomach to examine for abnormalities. The test is usually performed using medicines to sedate you. During the test biopsies of tissue can be taken for examination. A biopsy will not cause any pain or discomfort and is usually only the size of a match head.

Tests for Helicobacter pylori

There are several tests available to your doctor to evaluate for the presence of the bacteria, H. pylori. Samples of blood can be examined for evidence of antibodies to the bacteria; a breath test can be examined for by-products from the bacteria; or biopsies from the stomach can be examined.

How are Ulcers Treated?

In the past, doctors advised patients to avoid spicy, fatty and acidic foods. We now know that diet has little to do with ulcer healing. Doctors now recommend that patients with ulcers only avoid foods that worsen their symptoms. Ulcer patients who smoke cigarettes should stop. Smoking has been shown to inhibit ulcer healing and is linked to ulcer recurrence. In general, ulcer patients should not take NSAIDS like aspirin or ibuprofen.

When is Surgery Necessary?

Most ulcers can be healed with medications. When an ulcer fails to heal or if complications of bleeding, perforation or obstruction develop, surgery is often necessary.

