

Peptic ulcer disease

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PERSPECTIVE

Peptic ulcer disease is a breakdown of the lining of the stomach, the first part of the small intestine, or sometimes the lower part of the oesophagus. Ulcers in the stomach are called gastric ulcers, and ulcers in the first part of the intestine are called duodenal ulcers. The most common symptoms of a duodenal ulcer are epigastric pain and epigastric pain on waking at night, which improves with eating. For stomach ulcers, the pain can be made worse by eating. The pain is often described as a burning or dull ache. Other symptoms include hiccups, vomiting, weight loss, or loss of appetite. Approximately one third of the elderly are asymptomatic. Complications can include gastric bleeding, perforation, and obstruction. Bleeding occurs in up to 15% of cases.

Common causes include *Helicobacter pylori* and Non Steroidal Anti Inflammatory Drugs (NSAIDs). Other less common causes include smoking, stress from serious illness, Bechet's disease, Zollinger-Ellison syndrome, Crohn's disease, and cirrhosis of the liver. The elderly are more sensitive to the ulcer effects of nonsteroidal anti-inflammatory drugs. The diagnosis is usually suspected due to symptoms confirmed by endoscopy or barium swallow. *H. pylori* can be diagnosed by detecting antibodies in the blood, a urea breath test, detecting signs of bacteria in the stool, or a gastric biopsy. Other diseases that produce similar symptoms include gastric cancer, coronary heart disease, and inflammation of the stomach wall or gallbladder.

Diet does not play an important role in causing or preventing ulcers. Treatment includes quitting smoking, stopping the use of nonsteroidal anti-inflammatory drugs, stopping drinking alcohol, and taking medications that reduce stomach acid. Drugs used to reduce acid are usually proton pump inhibitors (PPIs) or H2 blockers, and treatment is initially recommended for 4 weeks. Ulcers caused by *Helicobacter pylori* are treated with combination

medications such as amoxicillin, clarithromycin, and PPIs. Antibiotic resistance is increasing, so treatment may not always be effective. Bleeding ulcers can be treated endoscopically, and open surgery is generally only used for unsuccessful situations.

Peptic ulcers are present in approximately 4% of the population. In 2015, approximately 87.4 million people worldwide developed new ulcers. About 10% of people will develop a peptic ulcer at some point in their lives. Peptic ulcers caused 267,500 deaths in 2015, up from 327,000 in 1990. In 1670, Princess Henriette of England first described perforated peptic ulcer. At the end of the 20th century, Barry Marshall and Robin Warren discovered for the first time that *Helicobacter pylori* can cause peptic ulcers. They won the Nobel Prize in 2005. Award. Drugs can raise suspicion for peptic ulcers. Drugs associated with peptic ulcers include NSAIDs (non-steroidal anti-inflammatory drugs) that inhibit cyclooxygenase and most glucocorticoids (such as dexamethasone and prednisolone).

People over 45 years of age who have had the above symptoms for more than two weeks have a very high chance of developing peptic ulcers, and they need to be quickly checked by esophagogastroduodenoscopy.

A burning or biting sensation in the stomach lasts 30 minutes to 3 hours, usually accompanied by ulcers. This pain may be misunderstood as hunger, indigestion, or heartburn. Pain is usually caused by an ulcer, but it is exacerbated when stomach acid comes into contact with the ulcer area. The pain caused by peptic ulcer can be felt anywhere from the belly button to the breastbone. It can last from a few minutes to a few hours, and becomes worse when the stomach is empty. Also, pain can sometimes come on suddenly at night, and pain can usually be temporarily relieved by eating foods that absorb stomach acid or taking antacids. However, the symptoms of peptic ulcer may be different for each patient

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