Practical Hepato-Gastroenterology Prescriber







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Peptic Ulcer Disease

- The male: female = 5:1 to 2:1 for duodenal ulcer and 2:1 or less for gastric ulcer
- Chronic gastric ulcer is usually single; 90% situated on the lesser curve within the antrum or at the junction between body and antral mucosa
- Chronic duodenal ulcer usually occurs in the first part of the duodenum and 50% are on the anterior wall
- Gastric and duodenal ulcers coexist in 10% patients and more than one peptic ulcer is found in 10–15% of patients
- Chronic condition with spontaneous relapses and remissions
- Recurrent abdominal pain with three notable characteristics, namely localization to epigastrium, relationship to food and episodic occurrence
- Anorexia and nausea, early satiety after meals or occasional vomiting especially in gastric outlet obstruction
- Endoscopy is preferred investigation and patients tested for Helicobacter pylori infection
- Breath tests or fecal antigen tests are best for accuracy, simplicity and noninvasiveness

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Treatment:

- Cigarette smoking, aspirin and NSAIDs are to be avoided
- Helicobacter pylori eradication— PPI taken simultaneously with two antibiotics (from amoxicillin, clarithromycin and metronidazole) for 10–14 days has success rate 80–90%
- In rest 15–20%, a quadruple therapy regimen, consisting of omeprazole (or another PPI), bismuth subcitrate, metronidazole and tetracycline for 10–14 days
- Third attempt is guided by antimicrobial sensitivity testing, rescue therapy (levofloxacin, PPI and clarithromycin) or long-term acid suppression
- Surgical treatment:
 - Emergency (perforation, hemorrhage)
 - Elective (gastric outlet obstruction, persistent ulceration despite adequate medical therapy, recurrent ulcer following gastric surgery).

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Salient Features

- A ready-reference on the subject
- · Based on current evidence, research, existing guidelines and recommendations
- Provides up-to-date information on diagnosis and management
- Designed for clinicians, general practitioners and post-graduate students.

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