



Gastric & Duodenal Ulcers

Ulceration to the lining of the
stomach or the duodenum

Gastric Ulcers





Causes & Incidence

- Gastric ulcers are caused by an imbalance in the secretion of hydrochloric acid and pepsin and the secretion of the protective mucosal secretions.
- Risk factors include NSAID's, Aspirin, Caffeine, Alcohol, Blood Group A and being over 50 years old
- Incidence 8 in 10000



Symptoms

- Epigastric Pain
 - May wake the patient at night
 - Relieved by antacids or milk
 - May occur 2-3 hour after a meal
 - May be worse by not eating



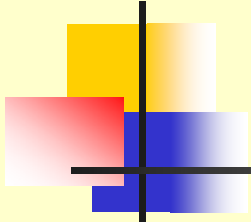
Symptoms Continued

- Nausea
- Abdominal Indigestion
- Vomiting
- Haematemesis, coffee grind vomit
- Weight Loss
- Fatigue



Examination

- Barium meal will show the erosion of an ulcer
- Endoscopy will reveal the ulcer
- Biopsy will confirm benign changes
- Symptoms may not always be present



A Barium Meal

- This Barium meal shows an ulcer on the right side of the picture





Treatment

- Acid reducing drugs – antacids, H₂ antagonists or proton pump inhibitors.
- Long term therapy may be required.
- Surgical intervention may be required in a patient not responding to drug therapy



Surgical Treatment

- A vagotomy – cutting the vagus supply to the stomach inhibits gastric secretion and prevents the formation of HCl
- A partial gastrectomy – removal of a part of the stomach that contains the ulceration.



General Treatment

- Avoid smoking
- Avoid alcohol
- Avoid caffeine
- Avoid Aspirin and NSAID's
- Eat regular small meals



Prognosis & Complications

- Most ulcers will heal within 6-8 weeks with treatment and avoidance of irritants
- Recurrence is common
- Complications include haemorrhage, perforation and obstruction