



Management in Peptic Ulcer Disease

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DEFINITION

Sores are open sores on the skin or mucous membranes. Ulcers usually appear in the duodenum, which is the first contraction of the intestines, in a stomach that is rejected as a stomach and throat ulcer called esophageal ulcers.

SYMPTOMS AND SYMPTOMS RELATED TO THE PEPTIC SKY

Hot pain especially abdominal pain. The pain may get better or worse after eating.

Nausea, vomiting

Weight loss

Fatigue

Barking

Chest pain

Anorexia

Bloodshed

EPIDEMIOLOGY

The prevalence of H pylori infection in line with socio-economic status is more than 80% slopply race in developing countries compared to a 20-90% increase in developed countries. Peptic ulcer is more common in the elderly and women. H pylori infection is more common in adults. H pylori infections occur in 10% of children annually between the ages of 2 and 8 years. It is clear from research that most people in the world are infected with H pylori.

PATHOPHYSIOLOGY

Stomach acid production

A small amount of gastric acid secretors is required in the formation of peptic ulcers. Stomach acid therefore acts as a cofactor with H pylori infection or the use of non-inflammatory drugs. Basal or nocturnal acid secretion usually increases in a patient with duodenal ulcer. Factors contributing to high acid production include increased parietal cell weight, increased basal secretory drive and increased post-prandial secretory drive. Acid hyper release may also be the result of H pylori infection.

TREATMENT

Recommended treatments may include:

Lifestyle Changes

Doctors often recommend a diet low in dairy and low-fat diets. People who find that certain foods are irritating should discuss their problem with their doctor. Smoking has been shown to delay wound healing and has been linked to recurrence of ulcers. Therefore, people with ulcers should not smoke.

Medications

Several types of medications are offered to treat stomach and duodenal ulcers. Including, H₂ blockers reduce the amount of acid in the stomach by inhibiting histamine, which is a powerful stimulant of acid excretion. Acid pump inhibitors completely block the production of stomach acid by stopping stomach acid pumping the final stage of acid excretion. Mucosal protective agents protect the mucous membranes of the stomach from the damage of acid and do not prevent the release of acid.

HELICOBACTER PYLORI ERADICATION

Effective treatment

The therapies that have been shown to be randomized controlled trials (RCTS) consist of two antibiotics combined with bismuth or a proton pump inhibitor or H₂ antagonist. Three types of medications are listed here.

Triple treatment

Includes a two-week course of bismuth sub citrate (4 × 120mg daily) and metronidazole (3 × 400 mg daily) and tetracycline (4 × 500mg daily). Cheap and shown to eliminate H pylori in about 95% of patients. This triple standard treatment has been given along with an H₂ antagonist or proton pump inhibitor, but the benefits of this have not been tested. The H₂ antagonist or proton pump inhibitor is stopped once healing has taken place.

Three alternative therapies

Five new species that have been found to reach completion rates of 95% or more have been tested. One week of omeprazole (2 × 20mg daily), Amoxicillin (2 × 1000mg daily), clarithromycin (2 × 500mg daily). Alternatively, one week of Omeprazole (2 × 20 mg daily), metronidazole (2 × 400 mg daily), clarithromycin (2 × 250mg daily). This treatment was not directly compared with the standard triple therapy. Several other types of drugs have been proposed.

Success treatment finish

Success depends on:

Patient compliance: The patient should be counseled regarding the importance of ending the treatment course and warning of possible side effects. The drugs Metronidazole and Tinidazole do not work in people who are resistant to H pylori organisms.

CONCLUSION

Peptic ulcer can be cured. Incidence can be reduced by controlling the right diet. Research is being done to develop the most effective and least costly treatment. Future research will certainly provide us with a safe drug with minimal side effects and possibly a vaccine. A new drug that protects the GI tract and reduces NSAID-related morbidity and mortality will soon be available in the market.

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