

### Peptic Ulcer Disease (PUD)

#### Definition

Any ulcer of the upper digestive system (gastric ulcer, duodenal ulcer)

#### Etiology

Any discreet break in the mucosa caused by NSAIDs, injury, stress, EtOH

#### Most common cause of PUD

H. pylori (gram-negative spiral-shaped bacillus), implicated in almost all non-NSAID induced GI inflammation

#### Only time that PUD can be fully treated

When caused by H. pylori

#### Gastric ulcers and HP associated with

Gastric malignancy

#### Ddx

Gastritis, malignancy, ischemic heart disease (can all have sx of dyspepsia, abdominal pain, discomfort, nausea)

#### Clinical Features

Abdominal pain (burning/gnawing, radiates to back), Dyspepsia, Bleeding (Melena)

#### Pain occurs after eating food

Gastric ulcer (-> anorexia, weight loss)

#### Pain improves after eating food

Duodenal ulcer

#### Most common cause of nonhemorrhagic GI bleeds

PUD

#### Lab Studies

Endoscopy, urea breath test (HP)

#### Treatment

Avoid irritating factors (NSAIDs, smoking, EtOH)

### Peptic Ulcer Disease (PUD) (cont)

#### Specific Treatment for HP

PPI + clarithromycin + amoxicillin OR Bismuth subsalicylate plus tetracycline + metronidazole + PPI

### Gastritis & Duodenitis

#### Definition

Inflammation of the stomach or duodenum

#### Protective factors (if imbalance, can lead to inflammation)

Mucus, bicarbonate, mucosal blood flow, prostaglandins, alkaline state, hydrophobic layer, epithelial renewal

#### Causes

Autoimmune disorders (pernicious anemia), H. pylori, NSAIDs, stress, EtOH

#### Clinical Features

Dyspepsia + inflammation

#### Lab Studies

Endoscopy \_ bx, urea breath test to detect HP, B12 levels (pernicious anemia)

#### Treatment

Remove causative factor (NSAIDs, EtOH) + treat underlying cause

### Delayed Gastric Emptying

#### Definition

An alteration in gastric motility

#### Etiology

Myopathic diseases of the smooth muscles and neurologic dysfunction

#### Clinical Features

Nausea + feeling of excessive fullness after a meal

#### Treatment

Prokinetic medications (cisapride, metoclopramide)

### Neoplasm: Gastric Lymphoma

#### Definition

Lymphoma originating in the stomach, stomach most common extranodal site for non-Hodgkin's lymphoma

#### Risk Factors

HP (risk of gastric lymphoma is greater by sixfold if pt. has HP infx)

#### Clinical features

Dyspepsia, weight loss, anemia/bleeding, progressive dysphagia, postprandial vomiting, Virchow's node/Sister Mary Joseph nodule

#### Treatment

Resection +/- chemo/radiation

### Neoplasm: Zollinger-Ellison Syndrome

#### Definition

A gastrin-secreting tumor (gastrinoma from the duodenum or pancreas) causes hypergastrinemia, which results in refractory PUD

#### Clinical Features

Just like PUD (abdominal pain, radiating to back), diarrhea (improves with H2 blockers), bleeding/anemia

#### Lab Findings

Fasting gastrin level > 150 pg/mL, Secretin Test to confirm: pts given 2 U/kg secretin--> in pts with ZES the gastrin levels will increase >200 pg/mL

#### Treatment

PPIs (omeprazole), or surgical resection of gastrinoma when possible



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### Neoplasm: Gastric Adenocarcinoma

#### Definition

Cancer of the stomach lining (M > W, >40yo)

#### Associated with

HP

#### Clinical Features

Dyspepsia, weight loss, progressive dysphagia, postprandial vomiting, Virchow's node (supraventricular lymphadenopathy), Sister Mary Joseph nodule (umbilical nodule)

#### Lab Studies

*Iron deficiency anemia*, elevated LFTs, endoscopy in all pts >40yo + dyspepsia

#### Treatment

Resection of tumor (curative/palliative), plus chemo/radiation for palliative care

### Neoplasm: Carcinoid tumors of the stomach

Can occur in response to hypergastrinemia in rare instances. Usually benign and self-limited.



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