

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)

Specific Treatment for HP

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

Gastritis & Duodenitis

Definition

Inflammation of the stomach or duodenum

Gastritis & Duodenitis (cont)

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

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

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.

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/bl-
eeding, progressive dysphagia, postpr-
andial vomiting, Virchow's node/Sister
Mary Joseph nodule

Treatment

Resection +/- chemo/radiation



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Page 1 of 2.

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