

UNDERSTANDING PEPTIC ULCERS

Find out its causes, symptoms and diagnostic methods.

Peptic ulcers are open sores in the upper part of the digestive tract that can cause stomach pain or stomach upset, and can lead to internal bleeding. There are two types of peptic ulcers: gastric ulcers form on the lining of the stomach, while duodenal ulcers form on the lining of the upper part of the small intestine. In some cases, peptic ulcers heal without treatment, but these tend to recur.

Symptoms

Some people with peptic ulcers do not have any symptoms. Those not lucky enough to have such 'silent' ulcers may experience any of the following:

- Upper abdominal pain/discomfort (burning/hunger-like feeling)
- Feeling full quickly during meals
- Stomach pain/belching/feeling bloated after meals
- Heartburn/acid reflux
- Nausea
- Vomiting (presence of blood in severe cases)
- Blood in the stools (stool appears black/tar-like)

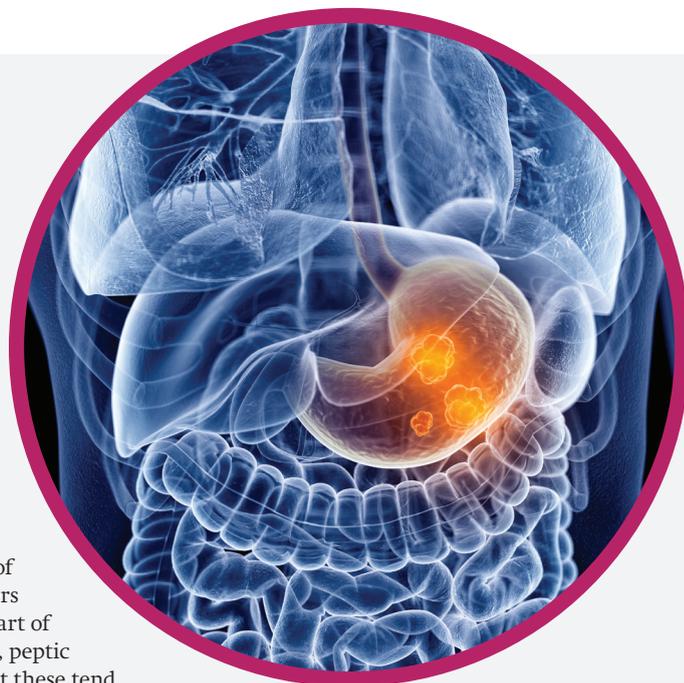
Duodenal ulcers tend to cause abdominal pain that comes on several hours after eating, often during the night. This is due to the presence of acid in the digestive tract without food acting as buffer. Eating or taking an acid-reducing medication may relieve symptoms.

Causes

How do peptic ulcers form?

They usually occur when acid erodes the lining of the digestive tract. This can happen when there is excess acid in the system, or when the mucus lining is broken down, making it more susceptible to damage.

Another major cause of peptic ulcers is bacterial infection caused by *Helicobacter pylori*, a type of bacteria living in the digestive tract. It can cause an increase in the amount of acid in the stomach and small intestine, inflammation of the lining of the digestive tract, and breakdown of the protective mucus layer — all of which can contribute to peptic ulcers.



The use of a class of pain-relieving drugs called non-steroidal anti-inflammatory drugs (NSAIDs) can also lead to peptic ulcers. NSAIDs, including aspirin, ibuprofen and naproxen, can cause changes in the mucous layer of the digestive tract.

Other risk factors include family history, cigarette smoking and alcohol consumption (alcohol abuse can interfere with ulcer healing).

Diagnosis

Symptoms of peptic ulcers can also be caused by other conditions. These investigations can be used to secure the diagnosis:

Gastroscopy Ulcers can often be diagnosed through this procedure, in which a thin, flexible tube is inserted into the mouth and into the upper digestive tract. The tube has a tiny light source and camera that projects images of the digestive tract onto a monitor. A biopsy can also be taken for further testing.

H. pylori testing Anyone with a confirmed peptic ulcer should be tested for *H. pylori* so that any infection can be treated. In people who have had a biopsy, the sample can be tested for infection. People who have not had a biopsy can have a stool sample or breath test instead. Blood tests are also available, but may be less reliable.

Barium swallow This involves drinking a thick substance containing barium while X-rays are taken; the barium allows the digestive tract to be seen more clearly. This procedure is less invasive but also less accurate than a gastroscopy. However, it may be appropriate for some patients. 



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