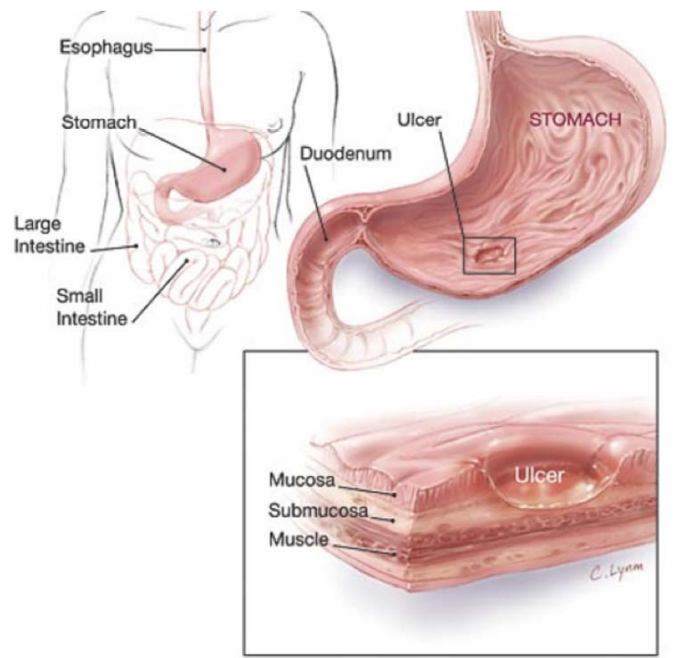


U l c e r s

What are ulcers? They are a sore on the inside of the GI tract, either in the esophagus, stomach or duodenum (beginning of the small intestine). In the years before we had effective medicines a lot of surgeries were done to remove the areas of acid-production. With the availability of H2 blockers (Zantac, Tagamet, etc) and PPI's (Prilosec, Aciphex etc) and mucus-protectants (Carafate, Pepto-Bismol) we rarely needed surgery anymore. However, a lot of people were having recurrences and in 1982 *Helicobacter pylori* (a spiral bacteria) was found to be a cause of many ulcers. When *H. pylori* was found antibiotic treatment was given to kill that bacteria and many people got relief, and as an added benefit, some stomach cancers were prevented.



Don't be surprised if the next decade changes again our thinking on ulcers!!! Probably diet still plays a role as well as excesses of smoking, alcohol and stress. Healthy foods especially fresh vegetables and fruits with antioxidants likely keep a healthy balance in the GI tract. Even pine nut oil has been touted as a natural cure. Many of the medicines for ulcer are over the counter now, most will find the fastest cure with them.

A huge cause of ulcers is anti-inflammatory medication use. Ibuprofen (Motrin, Advil), indomethicin (Indocin), nabumetone (Relafen), piroxicam (Feldene), and aspirin can all interfere with the prostaglandins that protect the mucosa of the GI tract. Misoprostol (Cytotec) was made to "rescue" prostaglandins, it works just so-so. Celecoxib (Celebrex) is designed to avoid the prostaglandin inhibition. Unfortunately, the affect on other chemicals (thromboxane) has been linked to extra heart attacks and strokes (hence the similar drugs Bextra and Vioxx were pulled off the market!). Another bummer is that if you take Celebrex and take a baby aspirin, the mucosa is just as "unprotected" as if you were taking other anti-inflammatories!!

So if you must take an anti-inflammatory, you might just have to take something like omeprazole (Prilosec) with it to protect your stomach. Baby aspirin use for your heart should be (enteric) coated. The time-honored Tums are ubiquitous and may someday be proven useful scientifically! An interesting fact is that "developing" countries are having increases in ulcer incidence while in the "developed world" ulcers are becoming less and less common.

Typical symptoms are mid-abdominal to left upper abdominal pain that occurs several hours after a meal or in the morning. It can feel like burning and might be relieved by food or a glass of milk. If it has progressed to an extreme degree, you may see dark blood in your stool or even be weak from anemia.

If medications (either over-the counter or doctor-prescribed ones) are successful in relieving your symptoms you might be lucky and have no further trouble with abdominal pain. Our general rule is one month or less on medications is okay. A lot of people then can eat better, have less stress and see no recurrence. If however you have a continued need for medication we need to see you again to check for *H. pylori*. It is a simple test done on a drop of blood from your finger.

If *H. pylori* is found, we give a 2 week course of double antibiotics with a PPI and Pepto-Bismol. Almost 10 pills a day!!! There is no faster treatment yet (2011). And there is no guarantee that it will stay away! But the benefit is that you should get better and you will have then no more increased risk for stomach cancer. If you still have pain then we need the GI specialist to do an endoscopy, checking for ulcer or benign or cancerous lesions.

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