

## Prevalence and the Outcome of Peptic Ulcer Disease in the Dept of Gastroenterology, GGH/Guntur Medical College, Guntur, A.P, India.

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**Abstract:** peptic ulcer disease is the common cause of upper G I symptoms in general population. Here we are presenting the study of incidence, etiological causes and the outcome of Peptic ulcer disease conducted in the Department of Gastroenterology, GGH, Guntur from 2007 -2014.

**Introduction:** Ulcers that occur in stomach , duodenum and lower end of esophagus are called as Peptic ulcers. H. Pylori and NSAIDS are the common causes of Peptic ulcers . Smoking , alcohol intake, steroid intake are aggravating factors for ulcer disease. Systemic diseases like COPD , cirrhosis of liver ,endocrine disorders, collagen vascular diseases are associated with peptic ulcer disease.

**Keywords:** Peptic ulcers, NSAIDS, Gastrosocopy, Protonpump Inhibitors, G.O.O, UGI bleed .

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### I. Causes of peptic ulcers:

#### H. Pylori infection

##### Drugs

NSAID  
Antibiotics  
Therapeutic dose of ecosprin  
Concomitant steroids  
Chemotherapy drugs

#### Tobacco smoking

#### Systemic diseases

COPD  
Cirrhosis of Liver  
Collagen vascular diseases  
Endocrine disorders  
CNS – Stroke, head injury  
Burns  
GERD

**Aim :** To evaluate the incidence and causative factors of peptic ulcers and its out come in our department in GGH, Guntur from 2007 -2014.

### II. Materials And Methods

Patients who present with symptoms of Peptic ulcer or its complications like GOO, UGI bleed to GE op , refered from medical and surgical wards are enrolled in the study.

All patients who came with symptoms of ulcer disease to the op are evaluated by detailed history , history of NSAID intake, physical examination , routine blood tests, USG abdomen to rule out other diseases are then taken for gastroscopy. For the admitted patients detailed history, physical examination , routine blood tests, history of NSAID intake, USG abdomen are done. After patient is hemodynamically stabilized, later they were taken for gastroscopy.

Patients who present with bleeding manifestations in the casualty were admitted , vitals are checked, blood is drawn for grouping, cross matching, hemoglobin %, fluids are administered , PPI injection drip , antibiotics , sucralfate syrup are given and if no further vomiting oral feeds are allowed. Gastroscopy is done after patient general conditionis improved . Patients who come directly to endoscopy room on fasting and are hemodynamically stable are taken for the procedure on the same day. Corrosive intake patients who attend op or admitted in ward are assessed for the feasibility of gastroscopy. oral cavity examined for ulceration of

tongue ,buccal mucosa and lip charring. Extent of damage can be assessed by history of dysphagia/ odynophagia, pain abdomen, hematemesis .If patient is able to swallow fluids and in stable condition posted for gastroscopy.

**Procedure:** Gastroscopy is done for all the patients .During Gastroscopy examination we look for the lower end of the esophagus , stomach , duodenum for any erosions , ulcers ,and the complications of ulcers like bleeding and any signs of GOO. If the ulcer is present we check for size of ulcer , location of ulcer , base of ulcer ,bleeding signs & signs of GOO like food and fluid residue in stomach and duodenum , any narrowing of lumen . Biopsy taken for H.Pylori in patients with no history of NSAID intake.

All patients were treated with proton pump inhibitors , sucralfate for two months . patients with history of NSAID intake are advised to stop the drug , and for cardiac, neurological patients on ecosprin who had ulcer and +/- bleed are advised to change the antiplatelet drug and take PPI life long .

**Corrosive ulcer** patients are advised double dose PPI and Sucralfate 10 ml Qid for 1 month. For these pts Gastroscopy is done to asses ulcer healing / development of complication like pyloric stenosis ( GOO ) . These patients with pyloric stenosis needs surgical treatment.

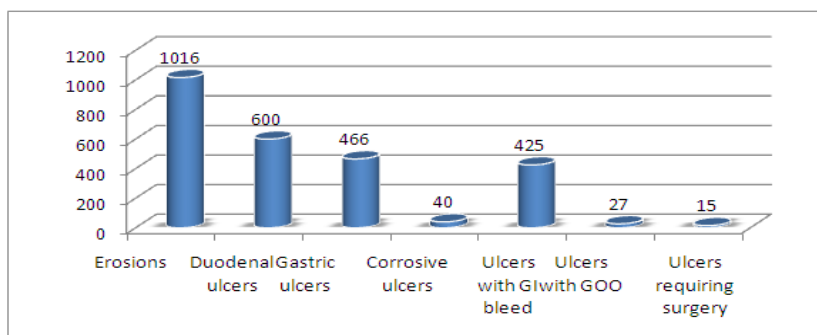
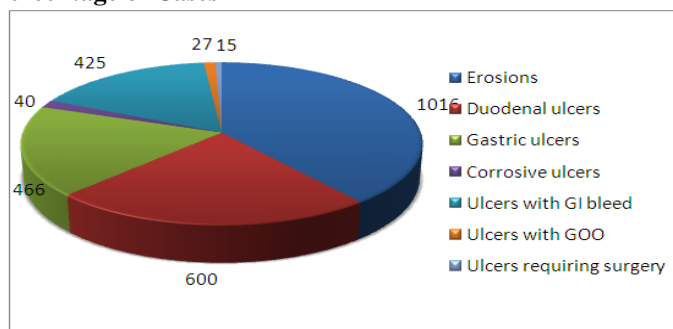
**Complications :** For patients with Ulcer bleed check endoscopy / second look endoscopy is done as required. Check endoscopy is done for patients with signs of bleeding like tachycardia, orthostatic hypotension, drop in Hb % . For patients with GOO after two months treatment if symptoms persist gastroscopy is done and as needed medical / surgical treatment is given .

### III. Results

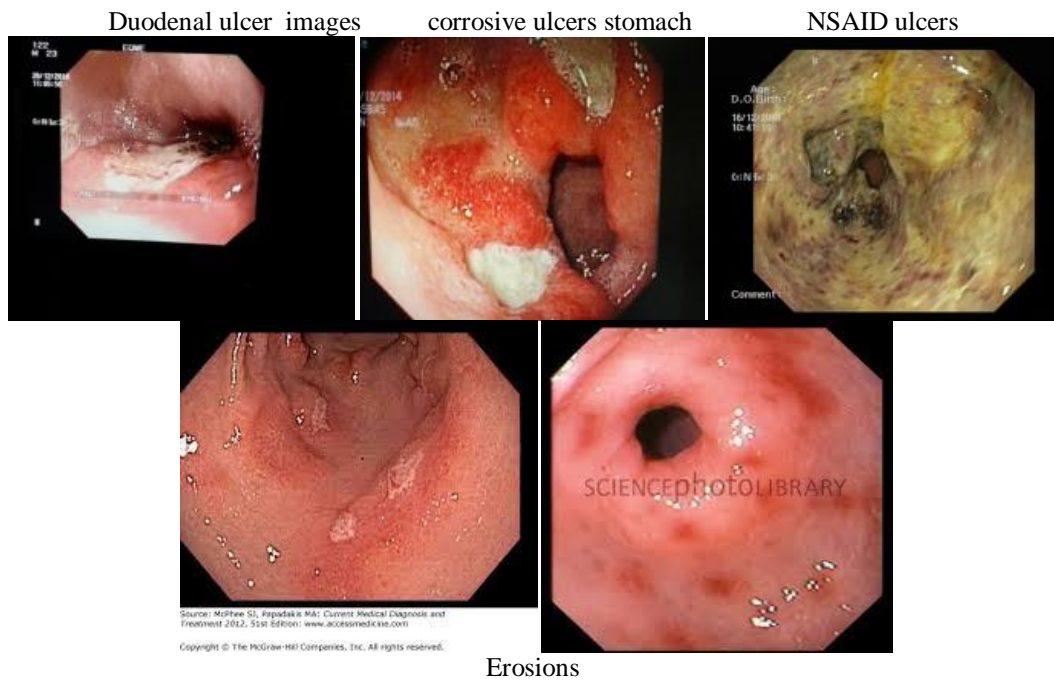
In our study erosions are common cause followed by Duodenal and gastric ulcer. NSAID ulcers are common especially in elderly who use them for joint pains. Ulcer complications like bleeding is seen in 10% of ulcers more common with NSAID ulcers, GOO is rare, seen in 2% of cases. Corrosive ulcers are associated with GOO and in long run requiring surgery.

Erosions	1016 cases
Duodenal ulcers	600 cases
Gastric ulcers	466 cases
Corrosive ulcers	40 cases
Ulcers with GI bleed	425 cases
Ulcers with GOO	27 cases
Ulcers requiring surgery	15 cases

Pi Chart showing the Percentage of Cases



### Images of Peptic ulcers



#### IV. Conclusions

In our study erosions are common finding in patients with symptoms of peptic ulcer disease. Duodenal ulcer is common than gastric ulcer. Bleeding is common presentation seen in 50% of cases . GOO is seen with corrosive ulcers , rare with routine ulcers .ulcers requiring surgery are rare now compared to late 1990s. corrosive ulcers with GOO requires surgery.

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