



Clinical round in surgery

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PUD



PEPTIC ULCER DISEASE (PUD)

- **What is it?**

Gastric and duodenal ulcers.

- **What is the incidence in the United States?**

≈10% of the population will suffer from PUD during their lifetime!.

- **What are the possible consequences of PUD?**

Pain, hemorrhage, perforation, obstruction.

- **Which bacteria are associated with PUD?**

Helicobacter pylori.

Gastric ulcer

- **Etiology:** **H.Pylori (80%)**, NSAID, Smoking, ETOH, ZE= Gastrinoma
MC In pancreas, duodenum, antrum (multiple ulcers+ Distal to duodenum, recurrent, resistant to treatment) may be associated with MEN-1.
- **Risk for gastric cancer (adenocarcinoma)**, so we need biopsy esp. if ugly.
- **Most commonly in the lesser curvature.**
- **CLX:** Epigastric pain (gnawing or burning, worse with eat), **N**, Early satiety, **Dyspepsia**, **weight loss**.
- **DX:** **EGD+ BX**, Barium meal, **test for H.pylori** (BX with urease and culture/ stool antigen assay/ urea breath test).
- **TRX:** Lifestyle modification, Treat H.pylori (ABX), use of PPI.

Duodenal ulcer

- **Etiology:** **H.Pylori (95%), NSAID**, smoking, ZE= Gastrinoma.
- **No Risk for cancer.**
- **CLX:** Epigastric pain (gnawing or burning, **worse several hours after meal**), N, **weight gain**.
- **DX:** EGD+ BX, Barium meal, test for H.pylori.
- **TRX:** Lifestyle modification, Treat H.pylori, use of PPI (95% successful).
- **Surgery indications** = complications (Hemorrhage (posterior from gastroduodenal artery), obstruction (Anterior), perforation).
- **Indications of surgery in Hemorrhage:**
 1. Bleeding > 6 units.
 2. Recurrent bleeding after endoscopic control.
- **Pyloro-deudenotomy and control the bleed.**
- **If perforated do (Grahams patch = closure by omentum).**



Thank you

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