

PEPTIC ULCERS

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PEPTIC ULCERS:

A Potentially Lethal Disease

BY DR. J. A. OGENG'O

Silvan Mango vomited on my desk before he told me anything! my wall clock read 9.51 am. E.A. time. He could not control it. Neither could he hold it. Almost instantly, he felt better and narrated the story. He is a man I had seen a couple of times with several complaints, and every time, stress was a factor, at least in his illnesses. Retrieving his file was not a problem.

Silvan, 42 years, had been having bad joints for a long time and virtually lived on medicines. Alcohol was his favorite drink, many a time without food. When he restricted smoking, it was 1½ packets of Embassy a day. His vomit was watery and smelt of alcohol. Expectedly so for his wild habits.

"He did not have dinner last night and at about two this morning, he had woken up complaining of severe abdominal pain. I would have given him some milk but he declined," the wife summarized. Indeed, he had had similar complaints a few other times before, usually in the same region and the same time.

A single touch, was all that was required to decide. Mango had peptic ulcer disease, a severe attack, that needed hospital admission at least for a few days. When he was discharged, he had to continue with medication for at least six weeks. His dietary habits needed moderation. The drinking and smoking even more.

The next day, I got the invitation to attend a clinical meeting at one of the hospitals. This was unusual. Even more unusual was for me to have gone. Retrospectively, that was a wise idea. "Kiki, a 6½ year-old standard one child, living with his parents, was ad-



Dr. Ogeng'o: "The geographic distribution of peptic ulcer is worldwide, it occurs in all races, among all occupations and among all ages."

mitted two days ago with a history of re-current, occasionally severe abdominal pain, eased by vomiting, and fresh milk. Both parents suffered from peptic ulcers before. Physical examination revealed pain into the 'stomach pit'. No masses. No organs enlarged. Stool examination revealed nothing stable on Relcer gel," summarized the resident doctor presenting the first case. "That is mind searching," I thought, "perhaps the senior physicians should comment first."

The protracted discussion was heated but it all seemed purely academic until Dr. Brook, a visiting Gastroenterologist talked. He was an elderly gentleman who bore the romantic aura of an astute physician from those places. His accent was heavily Irish.

"Do a barium meal and endoscopy with gastric biopsy on the boy," he summarily ended the discussion that had already surpassed the time limit. These are investigations usually done on adults to confirm peptic ulcer disease. Dr. Brook's remarks stunned most of us, but the confidence with which he exuded them left no room for stupid questions, as I later learned when Kiki turned out to have adult-

type peptic ulcer disease.

Unfortunately my bleeper sounded and I had to leave to see Mr. Giba. Coincidentally, this was a peptic ulcer patient, and this was his second admission within the year. This time he had vomited blood twice in one hour. He was faint, and sweating. He needed four units of blood and several litres of intravenous fluid containing various cocktails of medications. By the time he stabilized, the hospital meeting was over. I was only in time to meet Dr. Brook at the evening's dinner party. He was pleasant in manner and knowledgeable. His surgical colleague, Dr. Speres accepted to operate on Mr. Giba for his troublesome ulcer. Mr. Giba on my advice, obliged.

"I am following up Mr. Giba, and four years after the operation, he is ulcer free", he said confidently.

Peptic ulcer is a general term that refers to a "wound" in the inner lining of the stomach or duodenum. More rarely, it may affect the oesophagus and

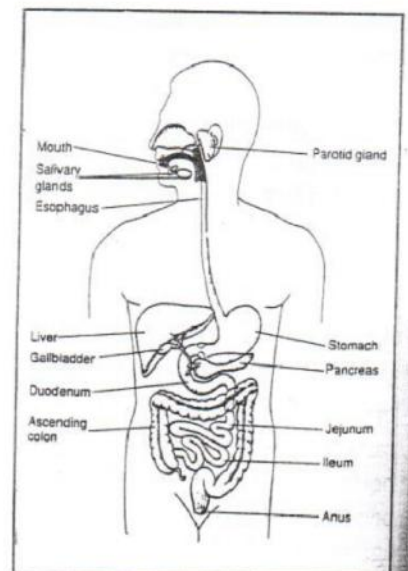


Figure 1: Peptic ulcers affect the stomach and duodenum

jejunum. *Figure 1* shows the various parts of the digestive tract for your orientation. A series of engravings depicting peptic ulcers were first published at the close of the eighteenth century; but it was not until 30 years later that an account of the symptoms and a description of the disease was first provided.

The geographic distribution of peptic ulcer is worldwide; the lesion occurs in all races of human kind, among all occupations, workers and non-workers and among all ages. Indeed acute ulcers producing black stools and even acute perforations are not uncommon in newborns. Unless these complications are present, chronic ulcer is rarely diagnosed during the first decade of life, although its incidence is probably greater than is generally appreciated. Between the ages of 20 and 50, the disease is also frequent. Although the sex incidence of ulcers in the stomach is almost equal, duodenal ulcers are 3-4 times more common in men than in women. Duodenal ulcers tend to be evenly distributed throughout social classes. However, stomach ulcers tend to be more common in the lower social classes.

Most of the time, the cause is unknown. Inheritance has long been suspected from the frequent occurrence in several members of a family. Furthermore, both types of ulcer occur more commonly in persons of blood group O. There is no conclusive evidence to show that psychological factors, physique or personality are important in the cause of ulcer but quite obviously, anxiety, overwork and stress of various kinds often lead to worsening of the symptoms. Aspirin, Brufen and related drugs, smoking, alcohol, chilli etc. are known trouble makers in peptic ulcer disease.

Bacteria were frequently isolated from the floor of the ulcers for a long time. However, it is only about ten years ago that a definite bacteria was

identified as a probable causative agent in peptic ulcers. This bacteria was first cultured in Australia in 1982. It has since been found worldwide to be associated with gastritis and duodenal ulcer in adults. Infection also occurs occasionally in older children in Western countries, causing similar problems. Indeed infection may occur as early as the first six months of life. In some parts of the world, it is widely believed to be the most important cause of stomach ulcers, the other important cause being a wide variety of commonly used pain killers (like Brufen, Ponstan, Voltaren).

Considering the possible role of a hereditary factor, infectious agents, and commonly used drugs, it should not be surprising that peptic ulcer disease can, and in fact does occur in children. Even as young as newborns.

The principle and often the only symptom of peptic ulcer disease is pain. Usually accurately localized to the centre of "stomach pit". *Figure 2*,

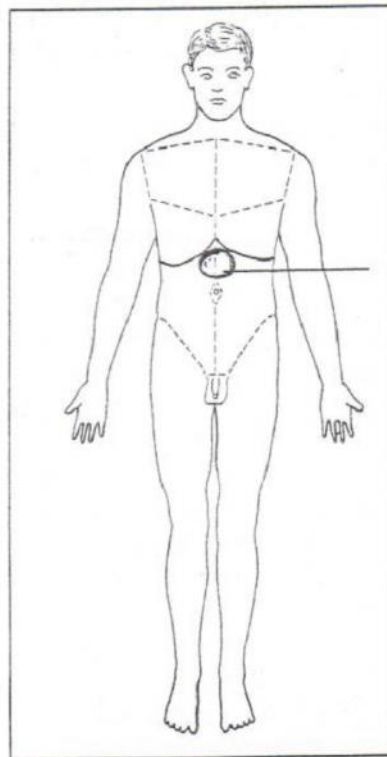


Figure 2: Pain is usually felt in the circled area

shows the usual location of the pain. The pain has two very characteristic features. The first is its **time relation to food**. If the ulcer is in the stomach, the pain occurs shortly after a meal. The ulcers in the duodenum cause pain before meals - "hunger pains". This latter pain is usually relieved by food. The pain may be sharp, and biting but sometimes may occur just as a vague discomfort. In both cases certain foods, especially milk ease the pain. Antacids like Actal or Digene have the same effect of easing the pain. Though

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typically localized in the stomach pit, the pain is occasionally referred to the lower abdomen, to the chest, or to the back.

The second very characteristic feature is the **periodicity**. The history tells of remissions, with complete freedom from symptoms for weeks or months, and subsequent relapses which are particularly liable during cold weather and/or stressful circumstances.

Associated symptoms include 'heart burn' and filling of the mouth with saliva (or some tasteless fluid'). The latter is called **waterbrash**, and nearly always indicates the presence of a duodenal ulcer. Vomiting, which may relieve the pain, does occur sometimes. Especially when the ulcer is in the stomach, there may be loss of appetite and loss of weight. It is important to reiterate here that cigarette smoking, alcohol, some drugs, stressful situations, frequently make the symptoms worse.

When asked where the pain is, you will be able to place a finger on a point in the stomach pit. If touched, you feel maximum pain at this same point.

The best way of confirming the existence of peptic ulcer is by having an X-ray of your upper alimentary tract after you swallow some material detectable by X-rays (barium meal). Alternatively, a flexible tube with a light system can be inserted through your mouth or nose into the stomach/duodenum, for the purpose of visualizing the inner lining of the stomach/duodenum. This is one form of endoscopy.

These modes of presentation, and methods of diagnosis are applicable to both adults and children.

Perhaps one of the greatest changes that has occurred in the management of this disease, is that the doctors would not just wish to heal the ulcer, but to treat the patient with peptic ulcer disease. Both the doctor and the patient must understand that this disease may recur even after complete treatment; and that complications do occur. The doctor has the responsibility of selecting appropriate medication for the individual patient. The patient must comply with the doctor's instructions, and should resist the temptation of slapping the doctor in the face when the treatment does not work or the ulcer recurs.

Antacids ease pain and are numerous in the market. **Relcer, Actal, Maalox, Digene** are household names. **Tagamet; Zantac; Pepdine; Losec** are familiar names to many. While the former category are used as the pain comes, the latter must be taken in amounts prescribed for at least four weeks, without interruption. Dietary modifications to exclude acid and chilli; use of mild tranquilizers; restriction of alcohol intake and smoking are certainly a good idea. Do not be surprised

if the doctor prescribes antibiotics for 10-14 days. He may be suspecting bacteria to be the cause of your troublesome ulcer. In your compliance, may be the cure!

Even when asymptomatic ulcers are detected incidentally, there are good reasons for active treatment. Firstly, spontaneous healing is not guaranteed, and 50% of them eventually become symptomatic. Secondly and more importantly, they are, like any other, likely to give rise to potentially lethal complications, "out of the blue".

Peptic ulcer disease must not be taken for granted. The complications can be lethal. Slight bleeding always occurs from the raw surface but if the

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ulcer is a deep one, it may erode into an artery in the wall of the stomach or duodenum and lead to massive bleeding. This a common cause of blood vomit! With a history of peptic ulcer disease suspect internal bleeding if you suddenly feel faint and start sweating,

This is a serious emergency and speed to the nearest hospital is the only way out!

A more dangerous complication is perforation of the stomach or duodenum. The contents spill into the abdominal cavity and cause extremely severe abdominal pain and rigidity of the muscles. One lies still because any movement produces "killing" pain. A milder and less dramatic complication results from contraction of scar tissue laid down at the base of the ulcer. This

causes obstruction, vomiting and weight loss. When these complications occur, the only treatment available is surgical operation. Surgery is also recommended when there is failure of the ulcer to heal after an adequate period of efficient medical treatment.

While unlike infectious disease, peptic ulcer disease is difficult to control, one can identify the foods/drinks that cause discomfort in the tummy and deliberately minimize their use. If you have ever had peptic ulcer disease, you should know better than to repeat the mistakes you made. Your friends and relatives could learn from you.

In conclusion, I wish to emphasize that peptic ulcer disease is common, occurs even in children, and is easy to suspect. Although the cause is usually unclear, some habits and drugs have been implicated. Fortunately many can be modified. The infective agent identified so far is amenable to treatment. The disease may develop potentially lethal complications which constitute hospital emergencies, where prayers and herbs do not work. It would be the doctor's pleasure to treat the patients with peptic ulcers. Total commitment to the recommended drug and dietary regime is the patient's responsibility. You and your doctor must "join hands" to heal your ulcer once and for all. □

**Cigarette
Smoking
is
dangerous
to
your
health**