

# Peptic ulcer

## MCQs

- 46-year-old man is admitted to the hospital for upper gastrointestinal (GI) bleeding. He has a known history of peptic ulcer disease, for which he takes a proton pump inhibitor. His last admission for upper GI bleeding was 4 years ago. After fluid resuscitation, he is hemodynamically stable and his hematocrit has not changed in the past 8 h. Upper endoscopy is performed. Which of the following findings at endoscopy is most reassuring that the patient will not have a significant rebleeding episode within the next 3 days?
  - a. Adherent clot on ulcer
  - b. Clean-based ulcer**
  - c. Gastric ulcer with arteriovenous malformations
  - d. Visible bleeding vessel
  - e. Visible nonbleeding vessel
  
- The most common cause of peptic ulcer disease worldwide is?
  - a. NSAID use
  - b. Use of warfarin
  - c. Pylori infection**
  - d. Varices from hepatitis B
  - e. Gastric benign tumors
  
- Wrong about peptic ulcer:
  - A. Associated with type A personality
  - B. Duodenal ulcer is associated with increased risk of malignancy???**
  - C. Most common cause of upper GI bleeding

INTRODUCTION — Since the discovery of *Helicobacter pylori* in the 1980s, much has been learned about this gram- negative spiral bacteria and its associated disease states. In 1994, the NIH Consensus Conference recognized *H. pylori* as a cause of gastric and duodenal ulcers. Later that year, the International Agency for Research on Cancer (IARC) declared *H. pylori* to be a group I human carcinogen for gastric adenocarcinoma [1]. There is also evidence that *H. pylori* infection is a risk factor for gastric mucosa-associated lymphomas (MALT lymphomas). (See "[Clinical presentation and diagnosis of primary gastrointestinal lymphomas](#)".)

**Ans:**

- About 55% of UGIB is due to peptic ulcer disease.

▪ **Abstract**

▪ The relation between peptic ulcer and stomach cancer has long been disputed, but there is accumulating evidence that gastric ulcer disease is positively associated and duodenal ulcerations negatively associated with the risk of developing stomach cancer.

World J Surg. 2000 Mar;24(3):315-20. Risk of stomach cancer in patients with peptic ulcer disease. [Hansson LE](#). Department of Surgery, Mora Hospital, S-792 85 Mora, Sweden.

- The most common cause of GI bleeding is:

a. Peptic ulcer disease

- All of the following can cause peptic ulcer, except:

a. Paracetamol

Paracetamol (acetaminophen) - not NSAIDs

- All the following are risk factors for development of peptic ulcer disease Except.

a. daily use of NSAID

b. gastric infection with H.pylori

c. sever emotional stress.

d. cigarette smoking

e. gastrin-secreting tumors.

- A patient with upper gastrointestinal symptoms tests positive for Helicobacter pylori following a urea breath test Which one of the following conditions is most strongly associated Helicobacter pylori infection?

a. Gastric adenocarcinoma

b. Gastro-oesophageal reflux disease

c. Esophageal cancer

d. Duodenal ulceration

e. Atrophic gastritis

- A 54-year-old man is investigated for dyspepsia. An endoscopy shows a gastric ulcer and a CLO test done during the procedure demonstrates H. pylori infection. A course of H. pylori eradication therapy is given. Six weeks later the patients comes to review with great improvement of symptoms. What is the most appropriate next step?

a. Culture of gastric biopsy b. H. pylori serology

c. Hydrogen breath test

d. Urea breath test

for assessing the effectiveness of H. pylori treatment

e. Counseling and medical follow up

- Not used for H.Pylori eradication success ?

Serology

- examination reveals epigastric tenderness without guarding or rebound. Rectal examination is positive for melena. Laboratory studies reveal a hemoglobin level of 9.2 g/dL (92 g/L) and a blood urea nitrogen level of 28 mg/dL (10 mmol/L); all other tests are normal. After intravenous fluid resuscitation, upper endoscopy is performed and reveals a 1.5-cm duodenal bulb ulcer with a central, nonbleeding visible vessel. Which of the following is the most appropriate management?

- a. Endoscopic therapy ?
- b. Immediate surgical intervention
- c. Octreotide infusion
- d. Observation
- e. IV PPI's ?

- The disease that is most strongly associated with H. pylori infection is Select one:

- a Gastric ulcers
- b. Zollinger-ellison syndrome
- c.MALT-ymphoma
- d. Duodenal ulcer ?
- e.Gastric adenocarcinoma ?

- The most common cause of peptic ulcer disease worldwide is?

- a. NSAID use
- b. Use of warfarin
- c. Pylori infection
- d. Varices from hepatitis B
- e. Gastric benign tumors

- Recognized causes of dysphagia include all of the following except?

- a. Esophageal CA
- b. Esophageal stricture
- c. Gastric ulcer
- d. Myasthenia gravis
- e. Achalasia

- The least likely condition to be associated with risk of malignancy is :

- a) Gastric ulcer
- b) DU
- c) Ulcerative colitis
- d) H. pylori infection
- e) Colonic polyps with dysplasia

Peptic ulcer disease

|                    | Gastric ulcer                              | Duodenal ulcer                                   |
|--------------------|--|--|
| PAIN               | Can be greater with meals—weight loss      | Decreases with meals—weight gain                 |
| H PYLORI INFECTION | ~ 70%                                      | ~ 90%  |
| MECHANISM          | ↓ mucosal protection against gastric acid  | ↓ mucosal protection or ↑ gastric acid secretion |
| OTHER CAUSES       | NSAIDs                                     | Zollinger-Ellison syndrome                       |
| RISK OF CARCINOMA  | ↑<br>Biopsy margins to rule out malignancy | Generally benign<br>Not routinely biopsied       |

- A plumber who didn't improve after taking ranitidine for multiple ulcers he had. He then developed steatorrhea:

#### A. Zollinger Ellison syndrome

- Correct about H. pylori:
  - a. Gram positive
  - b. Antral gastritis is the second most common complication
  - c. Infection is life long unless treated ?
  - d. Causes 80% of DU
  - e. Increase bicarbonate production

- all are true about PUD except?

PPI is not essential in the eradication therapy of H.pylori

- true about MALTOMA?

Treated by eradication of H.pylori

- all wrong about H-pylori investigation tests except: ???

- a .Rapid urease test is a non invasive test
- b .Urea breath test is an indirect indicator for h pylori

- A 33-year-old female patient reports to the outpatient clinic 6 weeks after completion of eradication therapy. She complains of epigastric pain and persistent vomiting. You conduct a urea breath test that comes back positive for H. pylori. One of the following is not a common cause of failure of eradication therap

Select one:

- a .Noncompliance
- b. Bacterial resistance
- c. Presence of complications
- d. Re-infection
- e. Heavy smoking ?

- All of the following can be used to confirm H.pylori eradication, except :

- a. Stool antigens
- b. Urea breath test
- c. IgG serology
- d. Biopsy histology
- e. Cultures

IgG titers may take up to 1 year to fall by 50% After eradication therapy and therefore are not useful for confirming eradication or the presence of a current infection.

- One of the following is a suitable regimen to eradicate H. pylori in a 25-year-old female patient that presented to you with epigastric pain, nausea, and a positive H. pylori stool antigen test.

Select one:

- a. Amoxicillin, clarithromycin and lansoprazole for 14 days
- b. Lansoprazole alone for 30 days
- c. Amoxicillin and lansoprazole for 21 days!
- d. Clarithromycin and lansoprazole for 21 days
- e. Omeprazole, amoxicillin and metronidazole for 5 days

- Treatment for eradication of h pylori ::  
- omeprazole, clarythromycin, amoxicillin

- h.pylori mode of transmession ?

Feco oral

- Wrong about diagnosis of H. pylori:

- A. Stool antigen
- B. Breath test
- C. Culture
- D. Blood ???
- E. C13/C14

- All the following antibiotics may be used in treatment of H.pylori Except :

- a- amoxicillin
- b- tetracycline
- c- metronodazo;e
- d- clarithramycin
- e- strepotomycin

# Mini-OSCE

# Q 9 , 10 , 11

A male come to you complaining of recurrent epigastric pain .

•What is the diagnosis ?

**Gastritis**

•What treatment would you give him ?

**PPI**

If he didn't improve on the previous medication ,

•What might be the diagnosis ?

**Peptic ulcer (H.pylori)**

•And what is the treatment ?

**Triple therapy (PPI + 2 Ab) اكتبوهم من محاضرة د رامي**

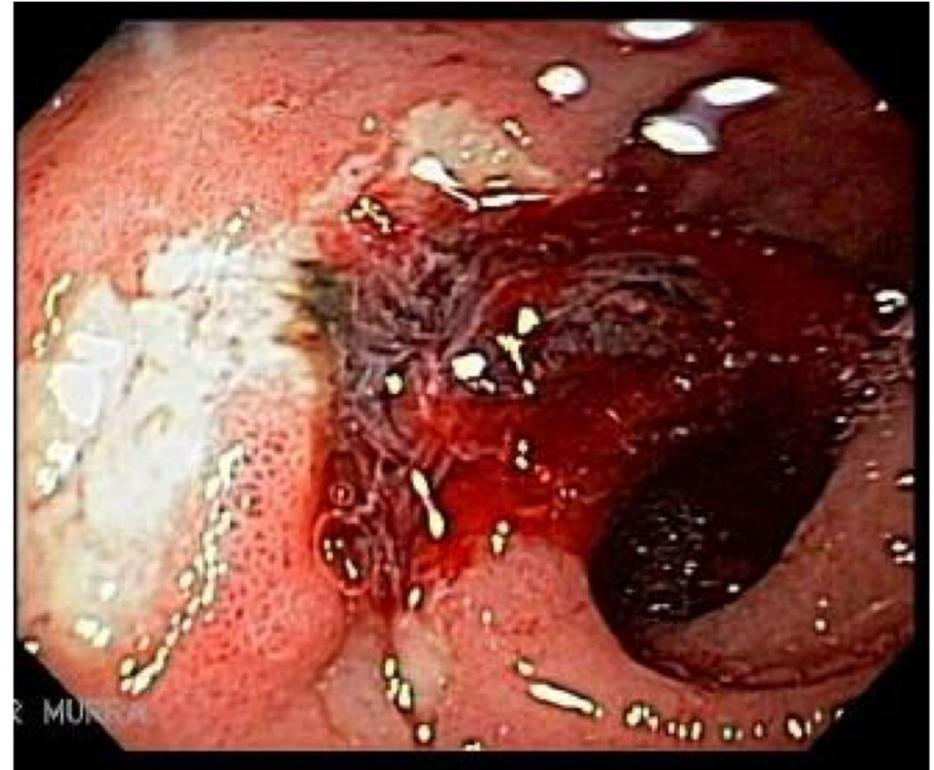
The same patient came after a while and on endoscopy you find this pic in duodenum

•What do you see ?

**Bleeding duodenal ulcer**

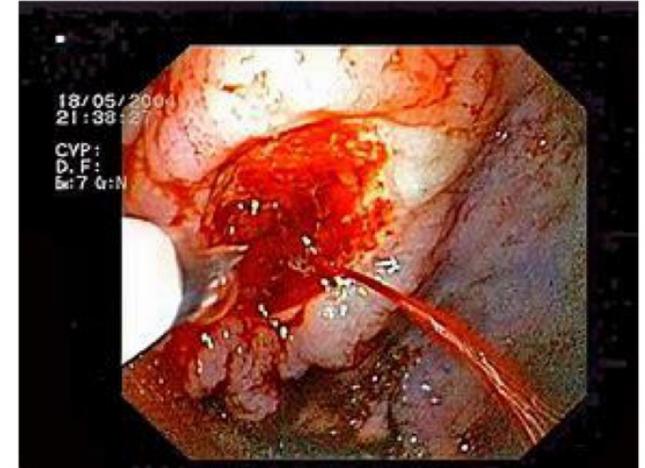
•Mention 4 laproscopic methods of treatment ?

**Epinephrine injection, clipping, thermal coagulation**



a case of bleeding peptic ulcer , with presentation (cant remember )  
+ hg 10 g/dl , which of these isnt indicated

- 1- IV ppi
- 2- thermal coagulation
- 3- **blood transfusion**
- 4- metallic clips
- 5- epinephrine injection



what advice you give to the patient after discharge from the hospital

(the 4 other choices are false (cant remember))

**test for h pylori and eradication treatment if present**

**Station 10:** Patient presented with melena and hematemesis. This picture is from the antrum of the stomach. \*not the same picture\*

1) What is the diagnosis?

Peptic ulcer disease

1) What is the most common cause?

H. Pylori

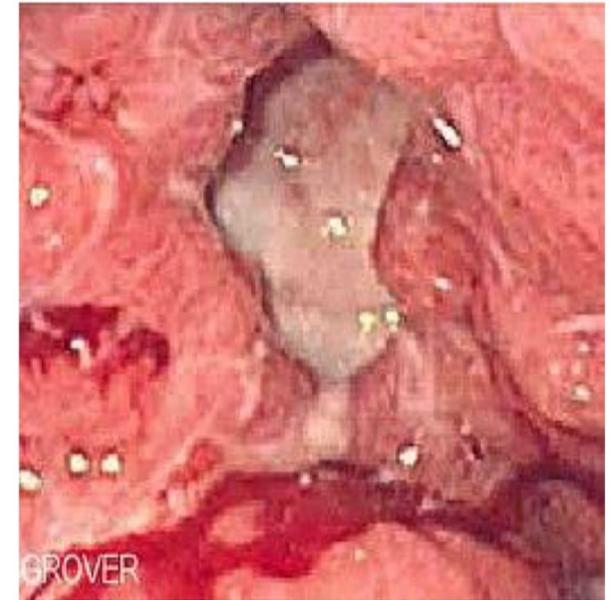
1) What is the urgent management in case of massive GI bleeding?

1- injection with epinephrine (adrenaline) .2-thermal coagulation

3- endoscopic clipping.

1) What are common complications?

Perforation – hemorrhage – gastric outlet obstruction



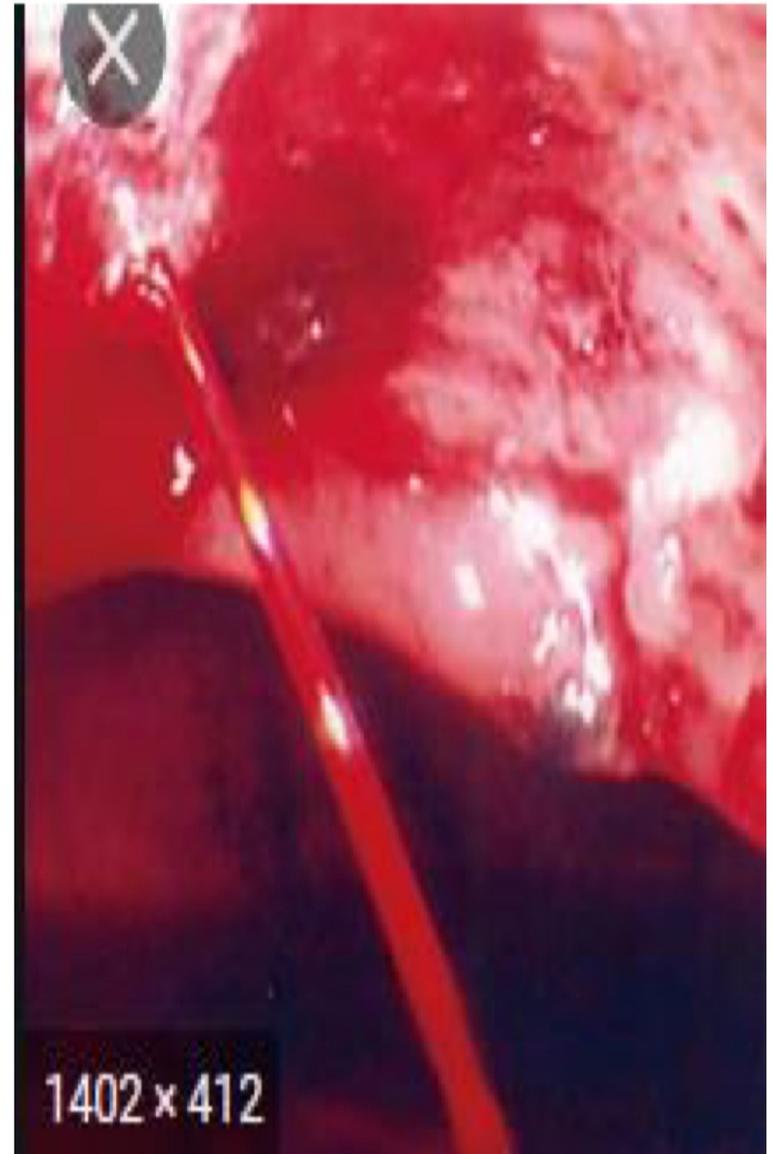
# GIT SECTIONS

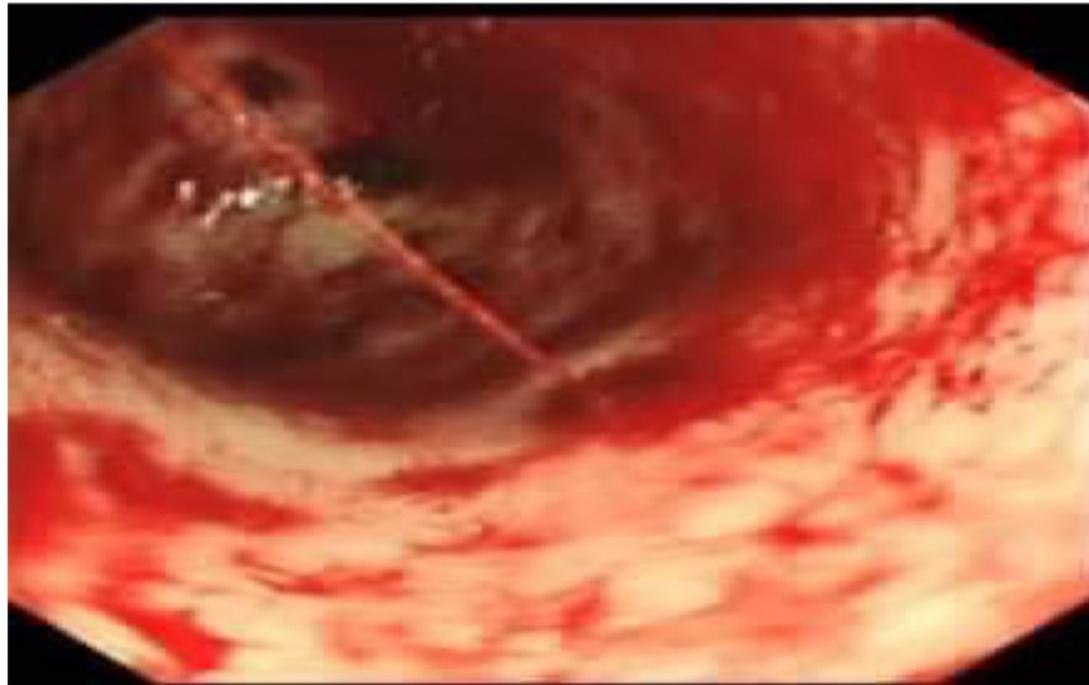
Q1: Regarding this Upper GI endoscopy , active antral bleeding , all of the following initial to do , EXCEPT ? Then please mention the most common cause for this lesion

- A. IV PPI
- B. Thermal therapy
- C. Mechanical Clips
- D. Adrenaline Injection

**E. Surgery**

**\* H Pylori infection is the most common cause**





**Q2) you did an endoscopy to a patient complaining of abdominal pain ,hematemesis and melena . the image above is what you saw during the endoscopy .**

**- Describe what you saw ?**

a)Oozing blood from vein

**b)Spruting blood from an artery**

**- What is not important in the management of this patient ?**

**a) IV corticosteroids**

b) endoscopic clipping

c) IV adrenalin

d) thermal coagulation