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STOMACH ULCERS
A CASE TODAY
Stomach ulcers are sores in the lining of the stomach or small intestine. They occur when the protective mucus that lines the stomach becomes ineffective.

Symptoms
The classic symptom of a stomach ulcer is indigestion, also called dyspepsia.

Indigestion causes pain or discomfort in the stomach area. This symptom can be mistaken for heartburn, which can occur at the same time.

Heartburn can be caused by acid reflux or gastroesophageal reflux disease (GERD).

It occurs slightly higher up from the stomach and is felt in the lower part of the chest.

It is worth noting that not all stomach ulcers cause indigestion.

Stomach ulcer symptoms tend to be more distinct than heartburn, but symptoms can still be vague.

An ulcer tends to produce a burning or dull pain in the stomach area. This pain is sometimes described as a "biting" or "gnawing" pain. Some people may describe a hungry sensation.

Other symptoms include:

weight loss
nausea and vomiting
not eating because of pain
burping
bloating
pain may be relieved by eating, drinking, or taking antacids

Some stomach ulcers go unnoticed and show no typical indigestion-type pains. These ulcers are less common and tend to be diagnosed after the ulcer has started bleeding. Some ulcers can cause a hole in the stomach wall. This is known as perforation and is a serious condition.

Stomach ulcer symptoms often change over time and can be difficult to spot.

Diet
Dietary changes can help prevent stomach ulcers from developing.

People at risk of stomach ulcers should include more of the following nutrients in their diet:

Fruits and vegetables: Eating a variety of fruits and vegetables is key to a healthy digestive tract lining. These foods are rich in antioxidants, inhibit acid secretion, and contain cytoprotective and anti-inflammatory properties.

A 2017 study advises that these are all important factors for preventing and treating ulcers.
Fiber: Diets high in soluble dietary fiber reduce the risk of developing stomach ulcers.

Probiotics: Food that contains active bacterial content, such as probiotic yogurt, can help to reduce a Helicobacter pylori (H. pylori) infection. Probiotics have been shown to slightly improve symptoms of indigestion and the side effects of antibiotics.

Vitamin C: This powerful antioxidant may be effective in helping to eradicate H. pylori, especially when taken in small doses over an extended period. Fruits, legumes, and vegetables, such as oranges and tomatoes, contain high levels of vitamin C.

Zinc: This micronutrient is important for maintaining a healthy immune system and healing wounds. Oysters, spinach, and beef contain high levels of zinc.
Selenium: This may reduce the risk of infection complications and may also promote healing.

Brazil nuts, yellowfin tuna, and halibut are recommended for their high selenium content.
Avoiding alcohol and caffeine can also help reduce the risk, as they both cause the body to produce more gastric acid. This can lead to stomach ulcers.

It is important to use dietary options to support a treatment plan for the most effective outcome, as opposed to relying only on diet.

Causes
The two main causes of ulcers of the stomach and small intestine are:

H. pylori bacteria
a class of painkillers called nonsteroidal anti-inflammatory drugs (NSAIDs)
Less common causes of stomach ulcers include:

Excess stomach acidity, or hyperacidity: This can occur for a range of reasons, including genetics, smoking, stress, and some foods.
Zollinger-Ellison syndrome: This is a rare disease that causes an excess of stomach acid to be produced.

Risk factors

Certain behaviors and factors increase the chances of developing a stomach ulcer.

These include:

- frequent steroid usage
- smoking
- overproducing calcium, or hypercalcemia
- genetics
- consuming alcohol frequently

Stomach ulcers are more common in individuals over 50 years of age. People can develop a stomach ulcer at any age, but they are much less common in children.

The risk in children is higher if their parents smoke.

NSAID drugs and stomach ulcers

A group of painkillers known as NSAIDs carries a risk of stomach ulcers. The two best-known NSAIDs are aspirin and ibuprofen.

The risk of ulcers increases if the drugs are taken in high doses, or regularly for a long time.

Stronger NSAIDs, such as those that need a prescription, are riskier for stomach ulcers than those that can be bought over-the-counter (OTC).

People should always check labels and talk to a pharmacist or a doctor about any concerns with using painkillers. They may recommend an alternative such as acetaminophen.

Types

Stomach ulcers are one type of peptic ulcers.

There are two other types: Esophageal and duodenal ulcers. Esophageal ulcers form inside the esophagus, and duodenal ulcers occur in the uppermost part of the small intestine, known as the duodenum.

The ulcers share similar characteristics but are identified by their location in the body.

Treatment

If the doctor thinks there is a stomach ulcer, they may try to remove the cause by:

- changing the type of painkiller if the cause is thought to be NSAIDs
- trying the "test-and-treat" approach if the cause is thought to be H. pylori bacteria

Once the cause has been removed, the symptoms of stomach ulcers can be treated by protecting the ulcer from acid while it heals. Drugs a doctor could prescribe include:

proton pump inhibitors (PPI) that block acid-producing cells
H2-receptor antagonists, which prevent the stomach from producing excess acid
antacids or alginate. These are available to purchase over-the-counter.

drugs that protect the stomach lining, such as Pepto-Bismol.
Symptoms often subside quickly following treatment. However, the treatment should be continued, especially if the ulcer is due to an H. pylori infection.

It is also important to avoid drinking alcohol, smoking tobacco, and any trigger foods during treatment.

Surgical treatments
In certain cases, surgery may be an option. For instance, if the ulcer continues to return, will not heal, bleeds, or prevents food from leaving the belly

Surgery can include:

removing the ulcer
tying off bleeding blood vessels
sewing tissue from another site onto the ulcer
cutting the nerve that controls stomach acid production
Complications from stomach ulcers such as bleeding or perforation are rare.

Either of these complications requires urgent medical attention.

Diagnosis
Doctors follow the symptoms of a stomach ulcer by asking questions about how the pain feels, where and when it happens, and how frequent and long-lasting it has been.

This process helps to narrow down whether there is a stomach ulcer or not. Your doctor may also ask for a stool test or a breath test to find out whether the stomach ulcer is from H. pylori bacteria.

If there are more serious symptoms such as bleeding the doctor may require further testing, which may include:

Endoscopy: A camera is inserted at the end of a long, thin, flexible tube to look at the gut lining. A biopsy may also be taken.

Barium enema: This is a thick liquid that allows X-rays to be taken of the gut.
When to see a doctor
Anyone who thinks they may have an ulcer in their stomach should consult their doctor. Any stomach symptoms that last for more than a few days or keep happening need evaluation

and treatment.

A slow-bleeding ulcer can be signaled by symptoms of anemia, such as being tired and breathless. More serious bleeding is an urgent medical problem and can be signaled if blood is vomited up, or stools are black and sticky.

Perforation, or a hole in the stomach, is also an emergency. Without quick treatment, the wall of the stomach can become infected. Sudden stomach pain that gets worse can indicate perforation, and any signs of being very unwell with infection need treatment as soon as possible.

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