

PEPTIC ULCER DISEASE (PUD): DIAGNOSIS

FLAME LECTURE: 78

DESAI & GILLET 3.28.20

LEARNING OBJECTIVES

- ▶ To understand who is at risk for PUD and how to make the diagnosis
- ▶ Prerequisites
 - ▶ NONE
- ▶ See also: FLAME lectures on presentation, management, and treatment of PUD

DIAGNOSIS

- ▶ The two most common causes of PUD are:
 - ▶ *H. Pylori*
 - ▶ NSAIDs
- ▶ Both the history and physical examination are important to identify patients at risk of ulcer, perforation, bleeding or malignancy
 - ▶ However, neither history or physical exam does not reliably distinguish between functional dyspepsia and organic disease
- ▶ Therefore, a **test-and-treat strategy** should be implemented

H.PYLORI

- ▶ For patients <55 years of age with no alarm symptoms of gastric cancer, use test-and-treat strategy for patients with dyspepsia
- ▶ For all other patients, **endoscopy** is warranted
- ▶ American College of Gastroenterology recommends testing for *H.Pylori* in patients with **active PUD, history of PUD, dyspepsia, or gastric MALT lymphoma**
- ▶ *Alarm symptoms*: unexplained weight loss, progressive dysphagia, odynophagia, recurrent vomiting, FMHx of gastric cancer, GI bleed, abdominal mass, iron deficiency anemia, and jaundice

TESTING

UREA BREATH TESTING

- ▶ Spec & sens almost 100%
- ▶ To test for cure, can be preformed 4-6 weeks after completion of eradication therapy
- ▶ PPIs should be stopped 2 weeks prior to testing
- ▶ Cost and inconvenience are disadvantages

TESTING

STOOL MONOCLONAL AG TEST

- ▶ As accurate as urea breath test
- ▶ Can be used to test for cure 4-6 weeks after completion of eradication therapy
- ▶ Cheaper and more convenient
- ▶ PPI should be stopped 2 weeks prior to testing

TESTING

SEROLOGIC ANTIBODY TESTING

- ▶ Detects specific IgG to *H.Pylori* in serum
- ▶ CANNOT distinguish between active and past infection
- ▶ Useful in patients that cannot stop taking PPIs since test is not affected by PPIs or antibiotics

ENDOSCOPY

- ▶ **Endoscopy with biopsy:** Recommend for ruling out cancer in patients >55 years or w/ at least one alarm symptom
 - ▶ This is the most accurate diagnostic test.
- ▶ Surveillance endoscopy should be performed 8-12 weeks following initial endoscopy in gastric ulcer patients with:
 - ▶ Unclear etiology
 - ▶ Ulcers > 2 cm
 - ▶ New or recurrent alarm symptoms
- ▶ Given low risk of malignancy in patients with duodenal ulcers, a repeat upper endoscopy is NOT routinely recommended

REFERENCES

- ▶ Diagnosis and treatment of Peptic Ulcer Disease and *H.Pylori* infection.
<https://www.aafp.org/afp/2015/0215/p236.html>
- ▶ Peptic Ulcer Disease.
<https://emedicine.medscape.com/article/181753-overview>
- ▶ Non-invasive diagnostic tests for H.Pylori infection.
<https://www.ncbi.nlm.nih.gov/pubmed/29543326>