Complications of gastric and duodenal ulcers

Surgery should be considered for all complications of gastric and duodenal ulcers.

Bleeding[1]

- manifests as hematemesis or melena
- RF: ASA (acetylsalicylic acid), NSAID (non-steroidal anti-inflammatory drugs)
- diagnosis: endoscopy

Penetration

- gradual penetration through the entire wall into the surrounding area (duodenal ulcer into the pancreas)
- inflammation occurs, adhesions may form
- persistent pain, propagation to the back
- X-ray: deep plug

⚠ Unlike perforation, it does not penetrate into the free abdominal cavity.

Perforation

- rapid penetration through the wall, not enough to form adhesions
- into the free peritoneal cavity or into the covered space formed by adhesions
- 15% occur without previous ulcer problems
- severe pain - sudden, cruel, constant, uncontrollable
- picture of acute abdomen (acute peritonitis), shock
- X-ray native: free gas under the diaphragm
- leukocytosis with leftward shift
- Th: surgery

⚠ contraindication: X-ray using barium slurry

Pyloric stenosis

- rarely in duodenal or pyloric ulcers
- based on edema or fibrosis
- feeling of fullness, vomiting of older contents, 1-3 times a day, large volume
- exclude carcinoma (differential diagnosis)

Links

Related articles

- Epigastric pain syndrome
- Gastroduodenal ulcer disease

References

1. ČEŠKA, Richard. *Interna.* 1. edition. Praha : Triton, 2010. 855 pp. ISBN 978-80-7387-423-0.