

The Indications and Causes of Gastric Ulcers

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INTRODUCTION

Gastric ulcers, also known as stomach ulcers, are painful bruises in the lining of the stomach. Peptic ulcer disease includes stomach ulcers as a subtype. Any ulcer that affects the stomach and other small digestive organs is referred to as a peptic ulcer. The thick coating of body fluid that protects your stomach from stomach-related secretions is reduced when stomach ulcers occur. This makes it possible for the stomach's lining tissues to be consumed by the stomach's acids, leading to ulcers. Although stomach ulcers can be adequately treated, if left untreated, they can worsen.

DESCRIPTION

The most well-known causes of peptic ulcers are *Helicobacter pylori* (*H. pylori*) infection and chronic use of non-steroidal anti-inflammatory medicines (NSAIDs), such as naproxen sodium (Aleve) and ibuprofen (Advil, Motrin IB, and other brands). Peptic ulcers are not brought on by stress or hot food sources. They may, in any event, intensify your adverse consequences.

Stomach ulcers are associated with a number of adverse effects. The severity of the ulcer determines how significant the side effects are. The most commonly reported adverse effect is an all-consuming feeling or pain in the middle of your abdomen, between your chest and your belly button. Usually, the discomfort will be more intense when your stomach is empty, and it may last for a few minutes to several hours. However, stomach ulcers aren't usually troublesome, while some people may experience distinct side effects, such as indigestion, heartburn, and fatigue.

A portion of peptic ulcer disease, which affects 5%–10% of people over their lifetime, includes gastric ulcers. Some patients may never experience any symptoms, suggesting that the infection may not have been the cause. According to

studies, the frequency of stomach ulcers increases with NSAID use over time and with age. According to research, the risk of developing stomach ulcers is 2.0 times higher for smokers than for non-smokers. The prevalence of stomach ulcers is the same in all individuals.

Patients with stomach ulcers frequently have excruciating epigastric pain that worsens when they eat. It often correlates with mild nausea and early fullness. They often depict this annoyance as a cutting or mimicking type of suffering that rarely manifests. The result on the actual test that is most often known is epigastric delicacy. Patients may experience these adverse effects for weeks or months before seeking professional help. Patients may present with upper GI death. The doctor should ask whether they have any hematemesis, bright red blood per rectum, dark brown stools, or espresso powdered emesis.

Your side effects and the severity of your ulcer will determine how you are treated. Your primary care physician will review your medical history, side symptoms, and any prescription or over-the-counter medications you are taking in order to assess a stomach ulcer.

Stomach corrosive disrupts ulcers in the stomach. Some people experience this disruption more after eating, whereas some people experience it more in relation to an empty stomach. Additionally, some annoyances seem to aggravate ulcers and make recovery more difficult. Drinking alcohol and smoking are the best.

CONCLUSION

The primary goal of treating gastric ulcers is to raise the pH of the stomach and allow the mucosa to heal. This can be achieved by controlling proton siphon inhibitors, such as pantoprazole.