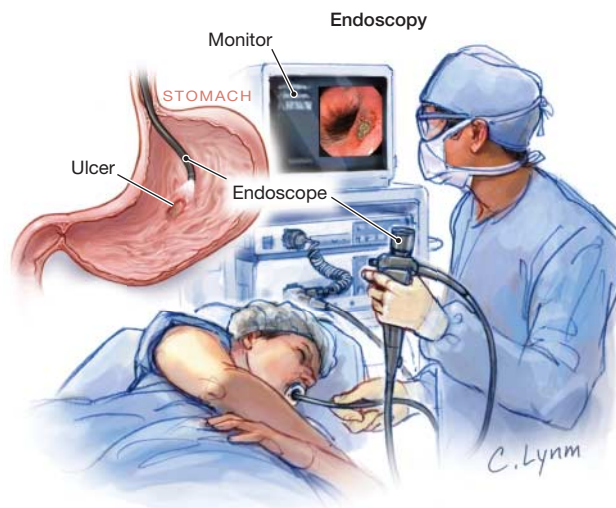


Peptic Ulcer Disease

Peptic ulcers are small sores that form in the lining of the **esophagus** (swallowing pipe), stomach, or **duodenum** (the first part of the small intestine).

About 15 million people in the United States have peptic ulcer disease. If you have peptic ulcer disease or another problem with digestion, you may be referred to a specialist called a **gastroenterologist**. Gastroenterologists are doctors with specialized education in the management of digestive disorders and the gastrointestinal tract.



SIGNS AND SYMPTOMS OF PEPTIC ULCER DISEASE

You may have upper abdominal pain, particularly in relationship to meals or at night. The pain may get better after you eat. If you vomit blood or material that looks like coffee grounds, pass blood in your stool, have black or tarry stools, or have severe abdominal pain, you should seek medical attention immediately. These may be signs of a serious complication of peptic ulcer disease or another medical emergency.

RISK FACTORS AND TESTING

- Smoking, alcohol use, and using nonsteroidal anti-inflammatory drugs (NSAIDs) or aspirin can make peptic ulcer disease worse.
- You may be more likely to have peptic ulcers if family members have had a peptic ulcer.
- **Esophagogastroduodenoscopy (EGD)**, in which a doctor inserts a flexible lighted instrument (**endoscope**) through the mouth and into the esophagus, stomach, and duodenum, is used to examine the inner linings of these organs. Ulcers can be seen and **biopsied** (small tissue samples taken). Samples may also be taken to look for the bacteria that cause ulcers (*Helicobacter pylori*). In the case of acutely bleeding ulcers, treatment can also be performed through the endoscope.
- Other types of testing may also be recommended based on an individual's history or findings from the EGD.

TREATMENT

- Antibiotics may be prescribed to treat *Helicobacter pylori* infection, along with medications to decrease stomach acid that help to heal the ulcer.
- Stop smoking and limit alcohol use.
- Discuss with your doctor whether to continue NSAID or aspirin use. If bleeding has occurred, discuss whether to continue use of **antiplatelet agents** or **anticoagulants** (medications that decrease blood clotting).
- Surgical or radiological procedures may rarely be required in severe cases of peptic ulcer disease, when there is severe bleeding from an ulcer, or if there is a **perforation** (a hole that forms) in the stomach or duodenum.

Sources: National Institute of Diabetes and Digestive and Kidney Diseases, American College of Gastroenterology, American Gastroenterological Association

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To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's website at www.jama.com. Many are available in English and Spanish. A Patient Page on gastroesophageal reflux disease was published in the May 18, 2011, issue; one on *Helicobacter pylori* in the September 17, 2008, issue; one on dyspepsia in the April 5, 2006, issue; and one on stomach cancer in the May 5, 2010, issue.