# <u>Acute peptic ulcer:</u>

• Is common especially in the form of small multiple superficial ulcers occurring at any part of the stomach (or rarely duodenum).

#### The causes:

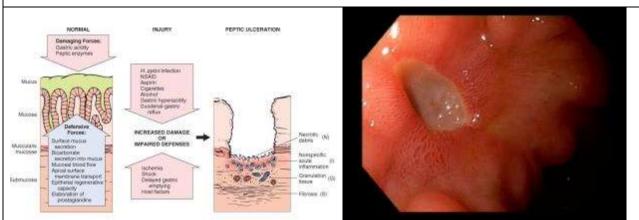
- 1. Infectious diseases; lobar pneumonia.
- 2. Bacterial toxins; septicemia.
- 3. Severe or extensive superficial burns of skin (Curling's ulcer especially in duodenum).
- 4. Cerebral haemorrhage; pituitary tumours (Cushing's ulcer).
- 5. Irritant drugs; hot irritating food; acute gastritis.
- 6. Unknown causes.
- The acute ulcer may start as such or as erosion (shallow haemorrhagic and small).
- This affects the mucosa only; then, it spreads deeply and may penetrate the stomach-layers.
- It may show no inflammatory changes, no pus and no congestion but is surrounded by a zone of oedema.

#### Fate:

- 1. Healing (rapidly and completely specially so in the stomach).
- 2. Chronicity (especially in the duodenum).

#### **Complications:**

- 1. Haemorrhage  $\rightarrow$  hematemesis (from erosion of a blood vessel).
- 2. Perforation  $\rightarrow$  peritonitis.



# Peptic Ulcer (chronic gastric) III-3.18 12

Stomach:	Shows ulce	Shows ulceration Site			
The ulcer:	Size:	• At lesse	r curvature	1	
		Near gas	stro-pyloric jur	nction	
		• About 4	cm. (or less)		
	Shape:	Roundee	d-to-ovoid		
	Walls:	Overhar	iging		
		proxima	lly		
		Sloping	sides distally		
	Edges:	Rather rounded Floor			
		Deep Penetrating into musculosa			
		• Smooth	and rather clea	an	

Base:	•	Fibrosed	
	•	Pale greyish-white	
	•	Fibrous puckering at serosa	
Appearances:	•	• Somewhat necrotic and fibrotic	
Consistence:	•	Firm (indurated)	

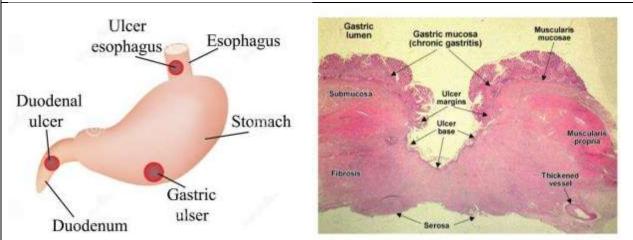
## N.B.I

### • A common site for chronic peptic gastric ulcer is

- 1. The "ulcer-bearing area" which includes the lesser curvature and the adjacent surfaces of the stomach from the incisura angularis till about 2 cm. from the pylorus; also
- 2. The prepyloric region (and actually any part of the stomach).

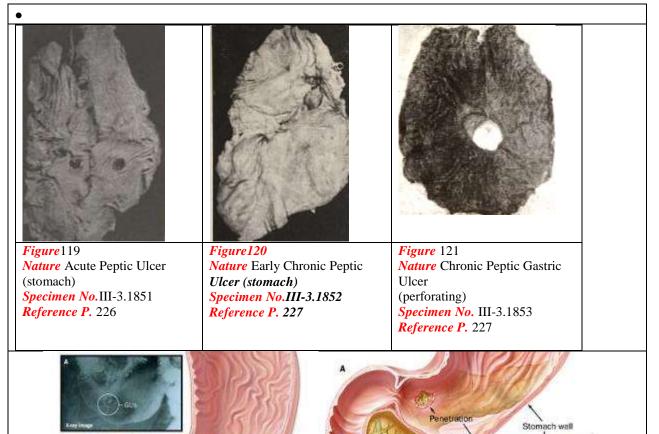
N.B. 2

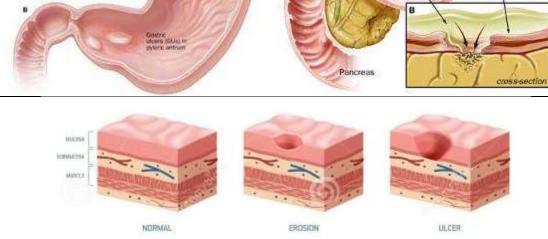
- Sites other than the stomach are those parts of the alimentary tract exposed to excess acid gastric secretion (and pepsin) namely,
  - 1. Duodenum (common),
  - 2. Lower part of oesophagus,
  - 3. Margins of gastroenterostomy opening and
  - 4. Occasionally Meckel's diverticulum.



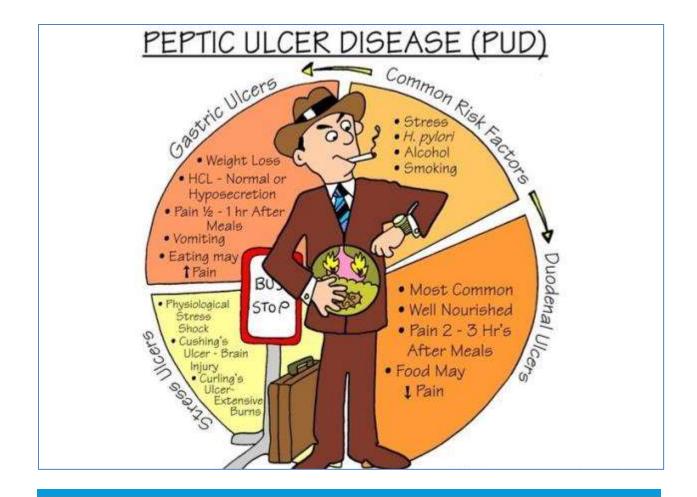
Chronic Peptic Ulcer			III -3. 1853		
Stomach	Shows an ulcer	•			
	The ulcer:	Site:	٠	• At lesser curvature	
		Size:	٠	About 3 cm.	
		Shape:	<i>Shape:</i> • Rounded punched out defect		
		<i>Walls:</i> • Show much fibrosis and are straight			
		<i>Edges:</i> • Slightly raised (in parts)		Slightly raised (in parts)	
			• Slanting-sloping (in other parts)		
	÷	Floor:	•	Deep and smooth	
			•	Evidences of perforation	
		Consistence:	•	Firm markedly	







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# MORPHOLOGY GROSS

Round to oval, sharply punched-out defect

•Mucosal margin usually level with the surrounding mucosa or only slightly elevated

Radiating mucosal folds

•Base is smooth and clear, owing to the peptic digestion of exudates



