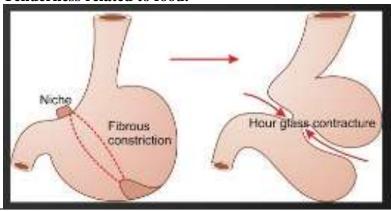
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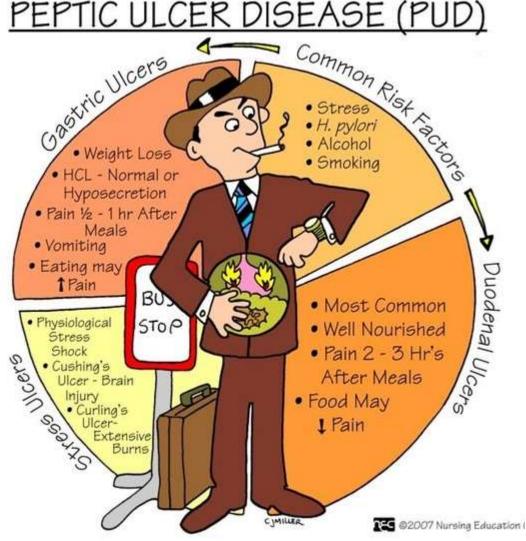
N.B.:

- A definite fact is that chronic peptic ulcer results from the continual action of excessive acidic gastric secretion (with pepsin) on a necrosed or devitalized area of the mucous membrane.
- Chronic peptic ulcer in stomach is as common in males as females; and, is more in persons of blood-group 0.
- Complaint:
 - o Chronicity;
 - o Periodicity;
 - o Epigastric pain &
 - o Tenderness related to food.



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PEPTIC ULCER DISEASE (PUL



Theories (to explain the hyperacidity or/and the devitalization):

- 1. Infective theory (Rosenow).
- 2. Chemical (Dragstedt); acid peptic digestion.
- 3. Neurogenic (Rokitansky, Cushing).
- 4. Psychosomatic (**Dunbar**); stress of civilized life.
- 5. Vascular (Virchow); area of vascular insufficiency.
- 6. Traumatic; irritation at the magenstrasse...
- 7. Constitutional (Hurst).
- 8. Anatomic, secretory, functional, allergic, endocrinal and other unknown factors.
- 9. **Zollinger-Ellison syndrome** (in recurrent duodenal peptic ulcer).
- 10. Excessive burns (in duodenal peptic ulcer).
- 11. The mucus-factor theory; deficient mechanism of protection.

Chronic Peptic Ulcer (healed; hour- glass stomach)		III-3.811
Stomach	 Shows an area of cicatricle fibrosis A healed chronic peptic ulcer External surface: Puckered 	
Pylorus	 Is somewhat narrowed Encircled by a ring of pale white fibrous tissue 	A

N.B.:

Complications (of chronic peptic gastric ulcer):

- 1. Haemorrhage → hematemesis and melena.
- 2. Penetration to neighbouring organs.
- 3. Perforation \rightarrow septic peritonitis.
- 4. Pyloric stenosis.
- 5. Hour-glass deformity of the stomach (healed saddle-shaped ulcer).
- 6. Malignant change → ulcer-cancer in 2% of cases (doubtful)."

Acute Gastriti	is	
Stomach	Thick-walled	
	• Edematous	
	• Congested	
	With few erosions at tips of rugae	

N.B.:

Acute: gastritis may be:

1. Catarrhal due to:

- (a) Errors in diet; alcohol-intake.
- (b) Drugs: Aspirin; arsenic.
- (c) Poisons (acids; mercury).
- (d) Bacteria.
- (e) Surface-irritants.

2. Pseudo-membranous due to:

- (a) Fevers: Diphtheria.
- (b) Chemical irritants; alkalies.

3. Phlegmonous due to:

Virulent micro-organisms such as strepto coccus haemolyticus.

• There are other types of gastritis (haemorrhagic, erosive, uremic etc.).

