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SOME INTERESTING FACTS ABOUT STOMACH ULCER

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This review pertains to the outline of peptic ulcer disease (PUD) by analyzing the formation, classification, etiopathogenesis, diagnosis, and prognosis of stomach ulcers. According to the statistics over the last decade, the presence of stomach ulcers has been increasingly frequent, affecting a vast majority of the general public.

The formation of an ulcer is often derived from the disruption to the mucosal lining in the stomach and duodenum. Most commonly, the disturbance to the mucosal lining is caused by a bacteria *Helicobacter pylori*, but stomach ulcers may also be a result from drinking too much alcohol, smoking, and eating acidic food. Furthermore, an ulcer is typically accompanied by a variety of different symptoms, which are relative to the ulcer location in the gastrointestinal tract. These symptoms may include pain in the upper abdominal region, nausea, fatigue, vomiting, and weight loss. Ulcers that do not express any symptoms are known as silent ulcers and are commonly prevalent in the older generation, people with diabetes, and those who take anti-inflammatory drugs.

In modern medicine in order to diagnose an ulcer, several tests may be administered to the patient, such as an esophagogastroduodenoscopy, upper GI, hemoglobin test, and stool occult test. A test for H. Pylori is also essential to fully diagnose the condition. Following the initial diagnosis, a combination of medications will be prescribed to the patient to kill the H. Pylori bacteria and to reduce acid levels in the stomach. In more severe cases with internal bleeding, treatment involves additional medication, application of metal clips to the ulcer, or even surgery. If all the steps advised by the doctor are taken, the patient should make a full recovery with a slim chance of ulcer reoccurrence. Nonetheless, it is important to take preventive steps, such as avoiding the use of anti-inflammatory drugs, alcohol, and tobacco to limit the chance of contracting this condition.