Cheatography

# GI II: Stomach Cheat Sheet

by ksellybelly via cheatography.com/19318/cs/2401/

## Peptic Ulcer Disease (PUD)

Definition

- Any ulcer of the upper digestive system (gastric ulcer, duodenal ulcer)

Etiology

- Any discreet break in the mucosa caused by NSAIDs, injury, stress, EtOH

Most common cause of PUD

- H. pylori (gram-negative spiral-shaped bacillus), implicated in almost all non-NSAID induced GI inflammation

Only time that PUD can be fully treated

- When caused by H. pylori

Gastric ulcers and HP associated with

- Gastric malignancy

Ddx

- Gastritis, malignancy, ischmic heart disease (can all have sx of dyspepsia, abdominal pain, discomfort, nausea)

Clinical Features

- Abdominal pain (burning/gnawing, radiates to back), Dyspepsia, Bleeding (Melena)

Pain occurs after eating food

- Gastric ulcer (-->anorexia, weight loss)

Pain improves after eating food

- Duodenal ulcer

Most common cause of nonhemorrhagic GI bleeds

- PUD

Lab Studies

- Endoscopy, urea breath test (HP)

Treatment

- Avoid irritating factors (NSAIDs, smoking, EtOH)

Specific Treatment for HP

- PPI + clarithromycin + amoxicillin OR Bismuth subsalicylate plus tetracycline + metronidazole + PPI

## Gastritis & Duodenitis

Definition

- Inflammation of the stomach or duodenum

## Gastritis & Duodenitis (cont)

Protective factors (if imbalance, can lead to inflammation)

- Mucus, bicarbonate, mucosal blood flow, prostaglandins, alkaline state, hydrophobic layer, epithelial renewal

Causes

- Autoimmune disorders (pernicious anemia), H. pylori, NSAIDSs, stress, EtOH

Clinical Features

- Dyspepsia + inflammation

Lab Studies

- Endoscopy _ bx, urea breath test to detect HP, B12 levels (pernicious anemia)

Treatment

- Remove causative factor (NSAIDs, EtOH) + treat underlying cause

## Delayed Gastric Emptying

Definition

- An alteraltion in gastric motility

Etiology

- Myopathic diseases of the smooth muscles and neurologic dysfunction

Clinical Features

- Nausea + feeling of excessive fullness after a meal

Treatment

- Prokinetic medications (cisapride metoclopromide)

## Neoplasm: Gastric Lymphoma

## Neoplasm: Zollinger-Ellison Syndrome

Definition

- A gastrin-secreting tumor (gastrinoma from the duodenum or pancreas) causes hypergastrinemia, which results in refractory PUD

Clinical Features

- Just like PUD (abdominal pain, radiating to back), diarrhea (improves with H2 blockers), bleeding/anemia

Lab Findings

- Fasting gastrin level > 150 pg/mL, Secretin Test to confirm: pts given 2 U/kg secretin-->in pts with ZES the gastrin levels will increase >200 pg/mL

Treatment

- PPIs (omeprazole), or surgical resection of gastrinoma when possible

## Neoplasm: Gastric Adenocarcinoma

Definition

- Cancer of the stomach lining (M>>W, >40yo)

Associated with

- HP

Clinical Features

- Dyspepsia, weight loss, progressive dysphagia, postprandial vomiting, Virchow's node (spuraventricular lymphadenopathy), Sister Mary Joseph nodule (umbilical nodule)

Lab Studies

- *Iron deficiency anemia*, elevated LFTs, endoscopy in all pts >40yo + dyspepsia

Treatment

- Resection of tumor (curative/palliative), plus chemo/radiation for palliative care

## Neoplasm: Carcinoid tumors of the stomach

Can occur in response to hypergastrinemia in rare instances. Usually benign and self-limited.

Definition

> Lymphoma originating in the stomach, stomach most common extranodal site for non-Hodgkin's lymphoma

Risk Factors

> HP (risk of gastric lymphoma is greater by sixfold if pt. has HP infx)

Clinical features

> Dyspepsia, weight loss, anemia/bleeding, progressive dysphagia, postprandial vomiting, Virchow's node/Sister Mary Joseph nodule

Treatment

> Resection +/- chemo/radiation

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