

http://www.kidshealth.org/teen/diseases_conditions/digestive/ulcers.html

Ulcers

"If you guys don't stop yelling, you'll give me an ulcer!"

"There's been so much stress at work lately, I'm sure I'll get an ulcer."

"Don't worry so much. Do you want an ulcer?"

When people talk like this, it sounds like ulcers are easy to give and easy to get. It also sounds like stress is to blame. But is that the real story? What Is an Ulcer?

An ulcer is a sore, which means it's an open, painful wound. Peptic ulcers are ulcers that form in the stomach or the upper part of the small intestine, called the duodenum (pronounced: doo-uh-dee-num).

Peptic ulcers are very common. Doctors say that in the United States, almost 1 in every 10 people will get an ulcer at some time during their lives.

What Causes an Ulcer?

For almost 100 years, doctors believed that stress, spicy foods, and alcohol caused most ulcers. Now we know that most peptic ulcers are caused by a particular bacterial infection in the stomach and upper intestine, by certain medications, or by smoking.

In 1982, two doctors – Barry Marshall and Robin Warren – discovered a certain kind of bacteria that can live and grow in the stomach. Both doctors went on to win the Nobel Prize for their discovery. The medical name for these bacteria is *Helicobacter pylori* (or *H. pylori*, for short). Today doctors know that most peptic ulcers are caused by an infection from *H. pylori*.

Lots of people have *H. pylori* infections. Almost 2 out of every 10 people younger than 40 have this bacteria in their digestive systems.

Experts believe that 90% of the people around the world who have ulcers are infected with *H. pylori*. But

strangely enough, most people infected with *H. pylori* don't develop an ulcer. Doctors aren't completely sure why, but they think that part of the reason may depend on the individual person – for example, people who develop ulcers may already have a problem with the lining of their stomachs. It is also believed that some people may naturally secrete more stomach acid than others – and it doesn't matter what stresses they're exposed to or what foods they eat. Peptic ulcers may have something to do with the combination of *H. pylori* infection and the level of acid in the stomach.

When *H. pylori* bacteria do cause ulcers, here's how doctors think these ulcers develop:

1. Bacteria weaken the protective coating of the stomach and upper small intestine.
2. Acid in the stomach then gets through to the sensitive tissues lining the digestive system underneath.
3. Acid and bacteria directly irritate this lining resulting in sores, or ulcers.

Although *H. pylori* are responsible for most cases of peptic ulcers, these ulcers can happen for other reasons, too. Sometimes people regularly take pain relievers (like aspirin or ibuprofen) that fight inflammation in the body. These medications, known as nonsteroidal anti-inflammatory drugs (NSAIDs), are used to treat certain long-term painful conditions like arthritis. If taken in high daily doses over a long period of time, they can cause ulcers in some of the people who use them.

Smoking is also associated with peptic ulcers. Smoking increases a person's risk of getting an ulcer because the nicotine in cigarettes causes the stomach to produce more acid. Drinking a lot of alcohol each day for a period of time can also increase a person's risk of ulcers because over time alcohol can wear down the lining of the stomach and intestines.

In certain circumstances stress can help cause ulcers. But this usually only happens in situations when illness involving severe emotional or physical stress is involved – such as when someone is so sick that he or she cannot eat for a long period of time. Ulcers occur because of uncontrolled increased acid production in the stomach and changes in a person's immune system

(the body system that fights infection). With any illness where the body's ability to heal is challenged (such as when a person has been burned badly in a fire), there is a risk for developing ulcers.

Signs and Symptoms

Stomach pain is the most common symptom of an ulcer. It usually feels like sharp aches between the breastbone and the belly button. This pain often comes a few hours after eating. It can also happen during the night or early in the morning, when the stomach is empty. Eating something or taking an antacid medication sometimes makes the pain go away for awhile.

Other symptoms of ulcers can include:

- * loss of appetite
- * sudden, sharp stomach pains
- * nausea
- * frequent burping or hiccuping
- * weight loss
- * vomiting (if blood is in the vomit or the vomit looks like coffee grounds, which only happens with severe ulcers, call a doctor right away)
- * bloody or blackish bowel movements (this could indicate a serious problem, so call a doctor right away if you notice this)

Anyone who thinks he or she may have an ulcer needs to see a doctor. Over time, untreated ulcers grow larger and deeper and can lead to other problems. An untreated ulcer can cause bleeding in the digestive system or make a hole in the wall of the stomach or duodenum, making someone very sick.

How Are Ulcers Diagnosed and Treated?

In addition to doing a physical examination, the doctor will take a medical history by asking about any concerns and symptoms you have, your past health, your family's health, any medications you're taking, any allergies you may have, and other issues. If you have stomach pain or other symptoms of an ulcer, the doctor will perform some tests to help make the diagnosis.

One test is called an upper gastrointestinal (GI) series. This is a type of X-ray of the stomach, duodenum, and esophagus, the muscular tube that links the mouth to the stomach. A person drinks a whitish liquid called barium while getting an X-ray, and if he

or she has an ulcer, it should be outlined on the X-ray.

Another common procedure to look for an ulcer is called an endoscopy (pronounced: en-dass-kuh-pee). During this test, the doctor uses an endoscope, a skinny, lighted tube with a special camera on the end.

A doctor will give someone getting an endoscopy medicine to feel relaxed. Then the doctor gently guides the endoscope into the throat and down into the esophagus, and finally into the stomach and upper intestines. The doctor is able to look at the inner lining of these organs from the camera on a television screen and can even take pictures. Tissue can be removed during an endoscopy and then tested for H. pylori bacteria.

A doctor can also do a blood test for H. pylori bacteria. This may be important if an ulcer is found in the upper GI series or is suspected before the endoscopy. The blood test can be done right in the doctor's office. Sometimes a bowel movement or a person's breath can also be specially tested to check for the H. pylori bacteria.

Ulcers caused by H. pylori bacteria are generally treated with a combination of medications; usually two to three medicines are taken every day for a few weeks. Antibiotics are prescribed to kill the H. pylori bacteria. The other medicines – acid blockers or proton pump inhibitors – lessen the amount of acid in the stomach and help protect the lining of the stomach so the ulcer can heal.

Ulcer Prevention

Doctors are not totally certain how H. pylori bacteria are transmitted from person to person. The bacteria have been found in saliva, so kissing may be one way. They may also be spread through food, water, or contact with vomit (puke) that has been infected with the bacteria.

The best advice in ulcer prevention is to always wash your hands after you use the bathroom and before you eat and to take good care of your body by exercising regularly and not smoking or drinking.

This information was compiled by
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