ULCER AND NON-ULCER DYSPEPSIAS

PRACTICAL CLINICAL MEDICINE

Series Editors J. Fry and G. Sandler

ULCER AND NON-ULCER DYSPEPSIAS

**Edited by
M. Lancaster-Smith**

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MTP PRESS LIMITED
a member of the KLUWER ACADEMIC PUBLISHERS GROUP
LANCASTER / BOSTON / THE HAGUE / DORDRECHT

Published in the UK and Europe by
MTP Press Limited
Falcon House
Lancaster, England

British Library Cataloguing in Publication Data

Ulcer and non-ulcer dyspepsias.—(Practical
clinical medicine)

1. Peptic ulcer

I. Lancaster-Smith, Michael II. Series

616.3'43 RC821

ISBN-13: 978-0-85200-691-7 e-ISBN-13: 978-94-010-9928-8

DOI: 10.1007/978-94-010-9928-8

Published in the USA by
MTP Press
A division of Kluwer Academic Publishers
101 Philip Drive
Norwell, MA 02061, USA

Library of Congress Cataloging in Publication Data

Ulcer and non-ulcer dyspepsias.

(Practical clinical medicine)

Includes bibliographies and index.

1. Peptic ulcer. 2. Dyspepsia.

I. Lancaster-Smith, Michael II. Series

[DNLM: 1 Dispepsia—physiopathology. 2. Peptic

Ulcer—physiopathology. WI 350 U36]

RC821.U43 1986 616.3'43 86-27521

ISBN-13: 978-0-85200-691-7

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Softcover reprint of the hardcover 1st edition 1987

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Contents

List of Contributors	vi
Series Editors' Foreword	vii
Introduction	ix
<i>M. Lancaster-Smith</i>	
1 Pathophysiology of Peptic Ulcer	1
<i>M. Hobsley and P. F. Whitfield</i>	
2 Oesophagitis	27
<i>A. J. M. Watson and M. J. G. Farthing</i>	
3 Peptic Ulcer	61
<i>M. Lancaster-Smith</i>	
4 Non-ulcer Dyspepsia	117
<i>J. G. C. Kingham</i>	
Index	153

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Series Editors' Foreword

Backing up the pioneering medical researchers and experimenters are the phalanxes and cohorts of practising clinicians in district general hospitals and in general practice who may have to implement and apply any breakthroughs and advances in practical and realistic terms. This they cannot, and should not, be expected to do without careful consideration and analysis. It is essential, therefore, to have regular reviews of the growing points of medicine which are constructively critical as well as being enthusiastic and which can present the issues and implications clearly and fairly to clinicians.

The *Practical Clinical Medicine* series is designed to provide such regular reviews on selected subjects. Each volume is under the charge of an invited editor who selects his team of 4–6 experts. Each contribution is an authoritative, detailed and referenced examination of his topic, is clearly presented in an understandable manner and is practical, relevant and applicable to everyday clinical practice.

The series is intended as a means of communication between researchers and practising clinicians. It is dedicated to generalists who provide primary health care in general practice and to generalists providing secondary medical care in district

general hospitals. Both are involved in applying good general practical clinical medicine for their patients, but can only succeed in a climate of constant review and examination.

JOHN FRY
GERALD SANDLER

Introduction

The disorders discussed in this volume are undoubtedly amongst the commonest reasons for seeking medical opinion and advice. Peptic inflammation and ulceration of the oesophagus, stomach and duodenum constitute approximately 50% of referrals from general practitioners to hospital gastroenterology clinics in the United Kingdom. In addition non-ulcer dyspepsia in which category it is now customary to include the irritable bowel syndrome account for a further 40% of referred patients.

The epidemiological profile of peptic ulcer has changed significantly during this century and re-evaluation of this information may hopefully provide clues to the aetiology of gastric and duodenal ulceration. Furthermore during the past decade technological advances have encouraged vigorous research into the pathophysiological mechanisms involved in gastro-oesophageal reflux, peptic ulcer and non-ulcer dyspepsia.

The advent of highly effective drugs that heal peptic lesions and the coincident burgeoning of upper gastrointestinal endoscopy have stimulated numerous long-term studies of these disorders. Their behaviour is now clearly understood and their recurrent nature has been unequivocally confirmed. The

widespread use of endoscopy has shown that many patients with symptoms suggestive of peptic disease have no mucosal abnormality in the upper gastrointestinal tract. Rather it seems that many of them have functional disturbances of the small or large intestine which are now being more accurately defined.

Surgery for all forms of peptic disease has declined during the past decade but this trend is perhaps reversing in duodenal ulcer management due to the generally favourable result that the majority of patients experience after proximal gastric vagotomy.

It is not the intention of this book to comprehensively cover the total field of peptic disease and non-ulcer dyspepsias but rather to review those areas and topics which are likely to be of special interest to general practitioners.

M. LANCASTER-SMITH