PREVALENCE OF ACID PEPTIC DISEASE AMONG PATIENTS PRESENTING IN OUTDOOR DEPARTMENT

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ABSTRACT:
The acid peptic diseases, also known as acid peptic disorders, are a collection of diseases involving acid production in the stomach and nearby parts of the gastrointestinal tract. This cross-sectional study was conducted among the patients presenting in outdoor department of different hospitals. Name, age, gender, history of gastritis and treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 110 patients included in this study i.e., 60 males (54.54%) and 50 females (45.35%). The mean age of the patients was 29.12±3.11 years. Out of 110 patients fifteen patients presented with acid peptic disease.

KEYWORDS: ACID PEPTIC DISEASE
INTRODUCTION:
The acid peptic diseases, also known as acid peptic disorders, are a collection of diseases involving acid production in the stomach and nearby parts of the gastrointestinal tract. It includes gastroesophageal reflux disease, gastritis, gastric ulcer, duodenal ulcer, esophageal ulcer, Zollinger–Ellison syndrome and Meckel's diverticulum ulcer. Acid peptic disorders are the result of distinctive, but overlapping pathogenic mechanisms leading to either excessive acid secretion or diminished mucosal defense. Gastritis is inflammation of the lining of the stomach. It may occur as a short episode or may be of a long duration. There may be no symptoms but, when symptoms are present, the most common is upper abdominal pain. Other possible symptoms include nausea and vomiting, bloating, loss of appetite and heartburn. Complications may include stomach bleeding, stomach ulcers, and stomach tumors. When due to autoimmune problems, low red blood cells due to not enough vitamin B12 may occur, a condition known as pernicious anemia. Common causes include infection with Helicobacter pylori and use of nonsteroidal anti-inflammatory drugs (NSAIDs). Less common causes include alcohol, smoking, cocaine, severe illness, autoimmune problems, radiation therapy and Crohn's disease. Endoscopy, a type of X-ray known as an upper gastrointestinal series, blood tests, and stool tests may help with diagnosis. The symptoms of gastritis may be a presentation of a myocardial infarction. Other conditions with similar symptoms include inflammation of the pancreas, gallbladder problems, and peptic ulcer disease. Prevention is by avoiding things that cause the disease. Treatment includes medications such as antacids, H2 blockers, or proton pump inhibitors. During an acute attack drinking viscous lidocaine may help. If gastritis is due to NSAIDs these may be stopped. If H. pylori is present it may be treated with a combination of antibiotics such as amoxicillin and clarithromycin. For those with
pernicious anemia, vitamin B12 supplements are recommended either by mouth or by injection. People are usually advised to avoid foods that bother them (1-3). The objective of this study was to see the prevalence of acid peptic disease among patients presenting in outdoor department of different hospitals.

**MATERIAL AND METHODS:**
This cross-sectional study was conducted among the patients presenting in outdoor department of different hospitals. Name, age, gender, history of gastritis and treatment modalities were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

**RESULTS:**
There were 110 patients included in this study i.e., 60 males (54.54%) and 50 females (45.35%). The mean age of the patients was 29.12±3.11 years. Out of 110 patients fifteen patients presented with acid peptic disease.

**DISCUSSION:**
In 1,000 A.D, Avicenna first gave the description of stomach cancer. In 1728, German physician Georg Ernst Stahl first coined the term "gastritis". Italian anatomical pathologist Giovanni Battista Morgagni further described the characteristics of gastric inflammation. He described the characteristics of erosive or ulcerative gastritis and erosive gastritis. Between 1808 and 1831, French physician François-Joseph-Victor Broussais gathered information from the autopsy of the dead French soldiers. He described chronic gastritis as "Gastritide" and erroneously believed that gastritis was the cause of ascites, typhoid fever, and meningitis. In 1854, Charles Handfield Jones and Wilson Fox described the microscopic changes of stomach inner lining in gastritis which existed in diffuse and segmental forms. In 1855, Baron Carl von
Rokitansky first described hypertrophic gastritis. In 1859, British physician, William Brinton first described about acute, subacute, and chronic gastritis. In 1870, Samuel Fenwick noted that pernicious anemia causes glandular atrophy in gastritis. German surgeon, Georg Ernst Konjetzny noticed that gastric ulcer and gastric cancer are the result of gastric inflammation. Shields Warren and Willam A. Cytoprotective agents are designed to help protect the tissues that line the stomach and small intestine. They include the medications sucralfate and misoprostol. If NSAIDs are being taken regularly, one of these medications to protect the stomach may also be taken. Another cytoprotective agent is bismuth subsalicylate. Several regimens are used to treat H. pylori infection. Most use a combination of two antibiotics and a proton pump inhibitor. Sometimes bismuth is added to the regimen (4-6).

REFERENCES: