

PLAGIARISM REPORT

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Gastro duodenal Ulcer

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Course Name and Course Number

Professor

Date

A synopsis of the digestive system disease

Gastro duodenal Ulcer

This ulcer is an erosion that penetrates deeply into the wall of the digestive tract and is known as a gastric ulcer if it occurs in the stomach and duodenal if it forms in the duodenum (Pardeshi & Sayyed, 2020). Since it comes into direct contact with the acid in the digestive tract, it is sometimes painful.

The bacterium *Helicobacter pylori* (*H. pylori*), which can tolerate acidity, is the most common cause of ulcers (Venerito & Malfertheiner, 2010). It infiltrates and disrupts the mucus layer that protects the stomach and small intestine from acidity.

The second most common cause of ulcers in the digestive tract is non-steroid or NSAID anti-inflammatory medications e.g., aspirin, ibuprofen. (Venerito & Malfertheiner, 2010). Synergistic ulcers are more likely when an *H. Pylori* bacterial infection is combined with anti-inflammatory medication.

Ulcers can also be caused by the stomach producing too much acid (hyperacidity), which can be caused by smoking, excessive alcohol intake, major stress, or a genetic predisposition.

Signs and Symptoms;

A burning sensation in the upper abdomen that occurs on a regular basis is common.

When it comes to stomach ulcers, eating or drinking aggravates the pain.

When you have a duodenal ulcer, the pain goes away when you eat, but it comes back 1 to 3 hours later and when your stomach is empty (e.g., during the night), the sensation of rapidly being complete, bloating and rashes and before a hemorrhage, there may be no signs or symptoms.

Difficulties;

Within the digestive tract, the ulcer can cause hemorrhage, a hole in the digestive tract's wall that can exacerbate and lead to peritonitis and treatment for gastro duodenal ulcers.

A bacterial infection with *Helicobacter pylori* (Venerito & Malfertheiner, 2010), the most common cause of gastro duodenal ulcers, is treated with antibiotics. Those that aren't affected by *H. pylori* are treated in the same way that G. esophageal reflux disease is (GERD). Dietary changes, avoiding the use of anti-inflammatory, non-steroidal drugs such as ibuprofen, naproxen, and Celebrex, and taking over-the-counter drugs including antacids or histamine h2 antagonists (blockers) like cimetidine and famotidine are common treatments.

Reference

- Pardeshi, C., & Sayyed, R. (2020). Ibuprofen: A Thwart for NSAID's Causing Gastro-Duodenal Endoscopic Ulcer. *SSRN Electronic Journal*. doi: 10.2139/ssrn.3532236
- Venerito, M., & Malfertheiner, P. (2010). Interaction of Helicobacter pylori Infection and Nonsteroidal Anti-Inflammatory Drugs in Gastric and Duodenal Ulcers. *Helicobacter*, 15(4), 239-250. doi: 10.1111/j.1523-5378.2010.00762.x

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