



FIGURE 36-6 Diagnostic approach to patients presenting with uninvestigated dyspepsia. Alarm features include weight loss, vomiting, dysphagia, evidence of anemia, gastrointestinal bleeding, or an abdominal mass or lymphadenopathy. *Hp*, *Helicobacter pylori*. (Modified from American Gastroenterological Association medical position statement: evaluation of dyspepsia, *Gastroenterology* 114:579-581, 1998.)

of omeprazole (20 mg), pantoprazole (40 mg), rabeprazole (20 mg), lansoprazole (30 mg), or esomeprazole (40 mg), all before breakfast, are effective in healing gastroduodenal ulcers. The recommended duration of treatment is again 4 weeks for duodenal ulcers and 8 weeks for gastric ulcers.

Healing by Enhancing Mucosal Defense

Sucralfate, a complex salt of sucrose sulfate and aluminum hydroxide, appears to be as effective as H_2 receptor antagonists

in the treatment of duodenal ulcer disease. The evidence for efficacy in healing of gastric ulcers is less compelling. Sucralfate has little or no effect on acid secretion and acts through several different mucosal protective mechanisms. In the gastroduodenal lumen, sucralfate becomes a gel-like substance that binds to both defective and normal mucosa, acting as a physical barrier to the diffusion of acid, pepsin, and bile acids. The recommended dose is 1 g 4 times daily, which makes it less convenient than other agents for treating PUD.