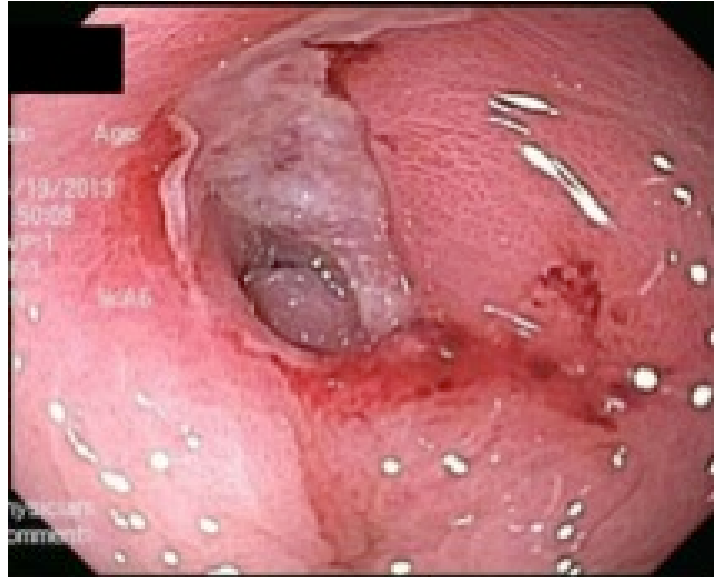


Question 34 – April 25

A 61 year old presents to outpatient clinic complaining of early satiety, nausea and vomiting. Her medication list includes ibuprofen, simvastatin and lisinopril. Upper endoscopy is performed and reveals:



Histologic exam of biopsies obtained from the lesion demonstrate chronic gastritis with focal intestinal metaplasia. There is no evidence for *H. pylori*. Endoscopic dilation is performed and leads to an improvement in her symptoms.

Which statement correctly reflects the best strategy to prevent recurrence of this pathology?

- A. Histamine receptor antagonists do not reduce the risk NSAID-induced endoscopic peptic ulcers.
- B. COX-2 inhibitors are associated with an equivalent risk of gastric and duodenal ulcers when compared to traditional NSAIDs.
- C. PPIs significantly reduce gastric and duodenal ulcers and their complications in patients taking NSAIDs or COX-2 inhibitors.
- D. Misoprostol, when given in standard doses, is ineffective in preventing ulcers and ulcer complications in those patients taking NSAIDs.

Answer: C

PPIs significantly reduce gastric and duodenal ulcers and their complications in patients taking NSAIDs or COX-2 inhibitors. H2RAs and misoprostol also reduce the risk of NSAID-induced ulcers. COX-2 inhibitors are associated with a lower incidence of gastric and duodenal ulcers when compared to traditional NSAIDs. This benefit is eliminated with concomitant use of low dose aspirin.

Reference:

Lanza FL, Chan FKL, Quigley EMM. Guidelines for Prevention and NSAID-Related Ulcer Complications. *Am J Gastroenterol* 2009;104:728-738.