Discussion #6

Diagnosis: Peptic Ulcer

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	Pathophysiology Summary	Signs and Symptoms (subjective)	Physical Assessment Findings (objective)	Pharmacologic Recommendations
Diagnosis #1: Peptic Ulcer	Peptic ulcer is an erosion that occurs in the mucosa lining as a single, small, round cavity with smooth margins that penetrate the submucosa. (Hubert & VanMeter, 2018). The most common peptic ulcer is found in the upper portion of the small intestines the duodenum referred as duodenal peptic ulcer. It can also be found in the mucosal lining of the antrum portion of the stomach referred as gastric ulcer and the less common is found in the lower part of the esophagus. Under normal circumstances there is a physiologic balance in the gastrointestinal mucosa between the gastric acid secretions and gastroduodenal mucosal defenses. When this balance is affected then it makes it a perfect environment to develop a peptic ulcer. When the ulcer is formed it exposes the underlying tissue to digestive acid and pepsin. The size of the ulcer varies, it does not have a	 complaining of: Epigastric burning Epigastric pain especially when eating spicy food Pain alleviates with food intake or antacid Heartburn Wakes up in the middle of the night due to burning stomach pain Nausea/ vomiting especially with particular food Constant hunger-like sensation Bloating Burping Decreased appetite occasional 	 occult blood in stool (results from stool test) Diagnostic testing CBC with differential indicator for anemia BMP Stool: fecal 	difficult because the ulcer can not be isolated from the irritants in the environment. During treatment, it is important to instruct the patient to reduce the exacerbating factors like stress, coffee, alcohol, NSAID's, etc., to help the healing process. It is recommended to use a combination of drugs to help target multiple areas of the healing process.