

Gastric Ulcer (EGD 1.4)

Gastric ulcers present with a variety of symptoms and have many causes. The main causes are *Helicobacter pylori* bacterial infection (*H. pylori*), non-steroidal inflammatory drug (NSAID) induced ulcers, and malignancy. Other causes include acid-peptic disease and other chronic inflammatory diseases. Esophagogastroduodenoscopy (EGD) is indicated for suspected ulcer when there is no response to accepted therapy or if red flags are present (bleeding, vomiting, weight loss, and others). For those patients with an ulcer diagnosed by EGD, repeat EGD (surveillance) is indicated if:

- The gastric ulcer appears endoscopically suspicious for malignancy (even if biopsies are benign).
- In individuals who remain symptomatic despite appropriate course of therapy to rule out refractory ulceration.
- There is a gastric ulcer without a clear etiology.
- In individuals who did not undergo biopsy at the index endoscopy.
- In individuals with giant ulcers (>3 cm).
- In individuals with persistent ulcer seen on EGD; surveillance EGD every 8-12 weeks until healing is documented.
- EGD should also be performed in individuals with gastric ulcer diagnosed via radiologic imaging.

Surveillance may be indicated as it has been shown that some individuals with endoscopically benign-appearing gastric ulcerations may eventually be shown to have gastric cancer. Although the efficacy of surveillance is unclear, an analysis of the Clinical Outcomes Research Initiative database found that approximately 25% of individuals diagnosed with gastric ulceration undergo repeat endoscopy despite the fact that multiple studies have found limited yield in identifying malignancy with surveillance endoscopy (ASGE). Therefore, the above recommendations have been created to select those patients who may have a higher risk of malignancy and a higher risk of complications from benign gastric ulcers due to non-healing.

References

Evans AJ, Chandrasekhara V, Chathadi KV, et al. ASGE guideline: the role of endoscopy in the management of premalignant and malignant conditions of the stomach. *Gastrointest Endosc*. 2015;82(1):1-8. doi:10.1016/j.gie.2015.03.1967.

Laine L, Barkun AN, Saltzman JR, Martel M, Geontiadis GI. ACG clinical guideline: upper gastrointestinal and ulcer bleeding. *The American Journal of Gastroenterology*. 2021;116(5):899-917.

Subhas B, Cash BD, Dominitz JA, et al. ASGE Guideline: The role of endoscopy in the management of patients with peptic ulcer disease. *Gastrointestinal Endoscopy*. 2010;71(4):663-668.