

Duodenal Ulcer (EGD 1.5)

Duodenal ulcers may be caused by infection with *Helicobacter pylori* bacteria (*H. pylori*), use of non-steroidal inflammatory drugs (NSAIDs), acid-peptic disease, neoplasm, and other chronic inflammatory diseases. In patients with established duodenal ulcer, esophagogastroduodenoscopy (EGD) may be indicated:

- In individuals with duodenal ulceration who experience persistent symptoms despite an appropriate course of therapy, specifically to rule out refractory peptic ulcers and ulcers with non -peptic etiologies
 - Symptoms include: dyspepsia, epigastric pain (sometimes with radiation to the back or to the right or left upper quadrants, nausea and/or vomiting, early satiety, belching, fullness)
- In individuals with giant duodenal ulceration (>2 cm), or refractory ulcers (fail to heal despite 8-12 weeks in therapy): Surveillance EGD should be performed every 8-12 weeks until healing is documented.

As more than 90% of duodenal ulcers heal with 4 weeks of PPI therapy, the above recommendations have been created to survey patients with high risk for developing complications or neoplasm.

References

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.