

# EDITÖRE MEKTUPLAR

## LETTERS TO THE EDITOR

### Peptic ulcer or inflammatory gastric disease ?

Dear Sir,

Until recently, the hypothesis "no acid no ulcer" had been validated in the pathogenesis of peptic ulcer diseases. According to this hypothesis, aggressive factors such as acid-pepsin overcome defensive mechanisms like bicarbonate secretion, mucus production, blood flow, cell renewal and prostaglandins. However, this hypothesis was not sufficient in explaining why ulcers were more frequent in the lesser curvature of the stomach and bulbus of the duodenum. There was also no connection to clinical symptoms. The treatment of peptic ulcer focused on acid suppression and the success rate was not more than 90%, despite very potent acid suppressive agents. In addition, after successful treatment, the recurrence rate of an ulcer was almost 90% within a year. Whether a lifetime acid suppression was needed had been debated.

After the description of a relationship between *Helicobacter pylori* and peptic ulcer by Warren and Marshall, the attention of gastroenterologists was directed with great enthusiasm towards this

microorganism. The physiopathology of *Helicobacter pylori*, and its relation to gastritis, peptic ulcer and cancer was described in detail. Today, the primary goal in the treatment of gastritis, peptic ulcer and MALT lymphoma is the eradication of *Helicobacter pylori*. In the future, gastric cancers may be prevented by *H. pylori* eradication.

While *Helicobacter pylori* increases aggressive factors like acid pepsin and gastrin, it also destroys mucosal protective factors by inhibition of blood flow, bicarbonate and mucus secretion. Somatostatin is inhibited by infection with this microorganism. That means an important inhibitor of gastrin is eliminated and the synthesis of an important cytoprotective mediator like PGE<sub>2</sub> is decreased. A mucosal aggressive mediator like nitric oxide is observed to be increased.

Is *Helicobacter pylori* an initiator of the pathogenetic mechanism of peptic ulcer? The answer is "yes" according to the new information about the bacteria and peptic ulcer. Thus, the term "no *Helicobacter pylori* no ulcer" should be considered

more appropriate than "no acid no ulcer". Or, one may say "there is no *Helicobacter pylori*, there is no gastritis or ulcer". This raises another question: Is *Inflammatory Gastric Disease* (IGD) a more appropriate term for the description of the disease? This question reflects an important issue. The "no acid no ulcer" theory aimed to suppress acid secretion in the treatment of ulcer and did not consider *Helicobacter pylori* infection as an important factor in ulcer pathogenesis. However, the term IGD includes the relationship between *Helicobacter pylori*, an etiologic agent, peptic ulcer, gastritis and cancer and maintains that the therapy should focus on the eradication of *Helicobacter pylori* with antibiotics.

The term IGD involves the etiology, epidemiology, pathogenesis, clinical feature and treatment of gastric disease related to *Helicobacter pylori* (peptic ulcer, gastritis, cancer). Therefore, the term IGD may be more correct than peptic ulcer. The presentation of this term for discussion may help us to find the right direction in the description of gastric diseases in the future.

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## Prozac or Prosek for Peptic Ulcer ?

Dear Sir,

In 1990, Fine et al. (1) and Hoffman (2) reported the misuse of furosemide (Lasix) instead of omeprazole (Losec), due to the trade name similarity. When we read Costable and McKinley's letter (3) in which Prozac was confused with Prilosec to treat gastric ulcer, we wanted to report a similar incident that we experienced as well.

One of the several medications including omeprazole is Prosek in Turkey. Two antibiotics and Prosek 20 mg b.i.d. were prescribed for a patient in whom duodenal ulcer had been diagnosed endoscopically. Two days later, the patient applied to our outpatient clinics with complaints of dizziness and vertigo. When we inspected the patient's medications, we realized that Prozac (fluoxetine) had been mistakenly given to the patient instead of Prosek by the pharmacy. Obviously, the similarities in the spelling of Prosek and Prozac caused this error. Each drug is available in capsule form and at the 20 mg dose which may contribute to this mistake. To prevent the happening of this confusion later on, both related drug com-

panies and pharmacies were warned. On the other hand, our responsibility on this matter is to prescribe every drug as legibly as possible.

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### REFERENCES

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2. Hoffman JP. More on "Losec or Lasix?" N Engl J Med 1990; 323: 1428.
3. Costable JM, McKinley MJ. Prozac or Prilosec for gastric ulcer? N Engl J Med 1996; 335: 600.