

PEPTIC ULCER IN CHRONIC RENAL FAILURE

Pages with reference to book, From 97 To 97

Waquaruddin Ahmed, Nayla Rehman (PMRC Research Centre, Jinnah Postgraduate Medical Centre, Karachi.)

Sajid Mahmood (Department of Nephrology, Jinnah Postgraduate Medical Centre, Karachi.)

Syed Ali Jaffar Naqvi (Department of Nephrourology, Jinnah Postgraduate Medical Centre, Karachi)

Huma Qureshi (PMRC Research Centre, Jinnah Postgraduate Medical College, Karachi.)

Sarwar J. Zuberi (PMRC Research Centre, Jinnab Postgraduate Medical Centre, Karachi.)

Ejaz Alam (PMRC Research Centre Jinnah Postgraduate Medical Centre, Karachi.)

INTRODUCTION

Upper gastrointestinal lesions are a frequent 5 stages of complication in patients with chronic renal failure, SRF which raises the mortality from 3 to 7% in moderate to severely ill patients¹. Peptic ulcer constitutes an integral Early stage 12 part of upper gastrointestinal lesions² which can be ~stage 43 easily diagnosed on endoscopy. Although patients of 10-29 chronic renal failure frequently receive various anti-ulcer drugs without establish in a proper diagnosis, the frequency of this particular lesion in our country is still not known. The present study was conducted to see the frequency of peptic ulcer in patients suffering from chronic renal failure at different stages of their disease.

PATIENTS, METHODS AND RESULTS

One hundred and one consecutive patients of chronic renal failure were referred from the Department of Nephrology, Jinnah Postgraduate Medical Centre from April, 1989 to September, 1990, irrespective of their symptoms or stage of renal failure. History and clinical features were recorded on standardised proforma. Clinical and biochemical criteria were used to diagnose chronic renal failure such as anaemia, raised BUN, serum creatinine, uric acid, phosphate levels and decreased serum calcium and creatinine clearance. Patients were divided into three groups according to their creatinine clearance. Creatinine clearance of 90-30 ml/min was defined as early stage renal failure, 29-10 ml/min as late stage renal failure and <10 ml/min as end stage renal failure. Patients receiving aspirin, nonsteroidal anti-inflammatory drugs and corticosteroids were excluded. Upper G.I. endoscopy was done using Olympus XQ scope after applying topical anaesthesia. Ulcers were defined as break in the continuity of oesophageal, gastric or duodenal mucosa of more than 5 mm in diameter with an ulcer crater in the centre. From 101 cases initially included fourteen were excluded due to the incomplete investigations. Of 87 patients analysed, 7 (8%) had peptic ulcer (6 duodenal ulcer and one oesophageal ulcer). Symptoms of peptic ulcer such as pain, heart burn, haematemesis and malena was similar in ulcer and nonulcer patients. Staging of the renal failure, modalities of treatment and the frequency of ulcer in these sub-groups given in the table.

TABLE. Frequency of peptic ulcer in chronic renal failure patients in different stages of disease and modalities of treatment.

Stages of SRF	Total No. of patients	Modalities of treatment			Total cases of ulcer	Modalities of treatment		
		Conser- vative	Haemodia- lysis	Peritoneal dialysis		Conser- vative	Haemo- dialysis	Peritoneal dialysis
Early stage >30	12	12	0	0	0	0	0	0
Late stage 10-29	43	30	13	0	49.3%	27%	2	0
End stage <10	32	19	12	1	39.4%	2	0	1

COMMENTS

Chronic renal failure is an irreversible condition characterised clinically by uraemia and pathologically by progressive damage to nephrons. These patients are at an increased risk for the development of peptic ulcer due to various factors, including changes in the acid secretion, gastrin level, gastric mucosal integrity and alteration in the coagulation function^{1,3-7}. Present study shows that 8% patients with chronic renal failure suffered from peptic ulcer, which is consistent with the earlier studies showing a prevalence of 0-20%. Most of these studies were done on renal transplant cases and endoscopy was not done in every case⁸. Some of these studies have shown an increased frequency among patients on dialysis or those awaiting renal transplant⁸⁻¹⁰. On the contrary four out of seven cases in our series were on conservative treatment, two on haemodialysis and one on peritoneal dialysis, but all the cases were in either late stage renal failure (4) or end-stage renal failure (3) and none of the cases in early stage had ulcer. This observation suggests that it is not the modality of treatment but the stage of renal failure which influences the ulcer disease. In conclusion peptic ulcer is not uncommon amongst patients with chronic renal failure and symptomatic evaluation for the diagnosis is misleading. Ulcer disease is more frequent in the advance stages of renal failure.

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