

## Preface

# Peptic Ulcer Disease



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*Guest Editor*

This issue provides an extensive overview of recently published literature on peptic ulcer disease that differ in many respects from the previous issue of the *Gastroenterology Clinics of North America*. A collection of authorities in the field has been assembled to provide focused overviews of new scientific information in key areas. The series begins with an overview of the role of proton-pump inhibitor in the management of upper gastrointestinal bleeding. Controversial issues like pre-endoscopic administration of proton-pump inhibitor and the impact of proton-pump inhibitor therapy on mortality are discussed. Recurrent bleeding and death continue to be a major problem despite advances in therapeutic endoscopy and pharmacotherapy. The authors critically reviewed predictive models of poor outcome from acute upper gastrointestinal bleeding that may identify high-risk patients for timely management. The optimal management strategy for massive peptic ulcer bleeding remains a challenge - endoscopists, surgeons, and interventional radiologists often have divergent views. Leading investigators in the field discuss the options of repeated endoscopic therapy, early surgery, and angiographic embolization in high-risk patients. Other articles provide an authoritative overview of the management of stress-ulcer in critically ill patients and the approach to refractory peptic ulcer disease. In the last decade, nonsteroidal anti-inflammatory drugs (NSAIDs) and low-dose aspirin have gradually replaced *Helicobacter pylori* infection as the major cause of peptic ulcer disease in our aging population. Until recently, gastroenterologists and cardiologists used to have different views on strategies of preventing ulcer complications in patients requiring anti-platelet therapy. Now there is evidence that cyclo-oxygenase (COX)-2 selective and nonselective NSAIDs increase the risk of cardiothrombotic events. How to balance risks and benefits of NSAID use is an important issue for primary care doctors and rheumatologists. Experts in this field have provided critical and updated reviews on these frequently debated issues. The article entitled "Prevention of NSAID-induced ulcer: Looking to the future" provides a comprehensive update of new drugs and novel compounds that carry the potential of reducing gastrointestinal toxicity of NSAIDs.

Although not widely recognized, NSAIDs can cause serious complications to the entire gastrointestinal tract. It is therefore relevant to include an updated review of NSAID-associated lower gastrointestinal complications amongst other articles on peptic ulcer disease. With a declining prevalence of *H pylori*, ulcers not associated with *H pylori* or NSAID use (non-NSAID non-*H pylori* ulcer) are increasingly recognized. The author provides an authoritative overview and practical approach to this diagnostic dilemma. Last but not least, a comprehensive review of the differences in peptic ulcer disease between the East and the West can hardly be found elsewhere.

I am grateful to the many experts who contributed to the current issue, and to Kerry Holland at Elsevier for editorial assistance. My goal is to provide the reader with a practical overview and stimulate future work in peptic ulcer disease.

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