Lesson of the Week

Ulcers and anti-inflammatory agents

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Cimetidine, although effective in relieving dyspeptic symptoms, may not protect against perforation.¹ We report on two patients with perforated peptic ulcers who were treated with cimetidine for duodenal ulceration. Caution must be exercised while continuing treatment with non-steroidal anti-inflammatory drugs for rheumatic disorders.

Case reports

Case 1—A 68-year-old woman had a nine-year history of osteoarthritis but her symptoms were controlled on indomethacin suppositories 200 mg per day. She also received digoxin, a diuretic, and methyl dopa for hypertension and ischaemic heart disease. She had mild renal impairment. She gave a history of dyspepsia of one year's duration and a barium meal examination showed a duodenal ulcer. On cimetidine treatment 200 mg three times a day her symptoms improved appreciably, but because of continuing poor appetite and weight loss gastroscopy was performed which showed a healing ulcer on the anterior wall in the first part of the duodenum.

While in hospital for assessment of her osteoarthritis she suffered a perforation and subsequent laparotomy showed an ulcer with two perforations in the first part of the duodenum near the pylorus. Vagotomy and pyloroplasty were performed. Her recovery was prolonged but uneventful.

Case 2—A 26-year-old man had suffered from severe ankylosing spondylitis for over 10 years. Since age 19 he had been treated with indomethacin in high dosage given in form of suppository and suspension. Six months earlier a barium meal investigation of a persistent moderate iron deficiency anaemia showed two peptic ulcers, one in the prepyloric region and the other in the duodenal cap. There were few symptoms to suggest gastrointestinal ulceration. Treatment with cimetidine 1 g a day was started, being reduced to a maintenance dose of 600 mg at night. Indomethacin treatment was continued as before. A barium meal examination three months later showed a large ulcer crater in the duodenal cap. A month later he was operated on for perforation. At laparotomy a large ulcer measuring nearly 5 cm was found in the prepyloric area and extending through to the duodenum.

Comment

Cimetidine has been shown to be effective in healing duodenal ulceration. Its effect on established duodenal ulceration related

Cimetidine does not protect against perforation of peptic ulcers in patients receiving anti-inflammatory drugs

to long-term anti-rheumatic drug treatment is less well known. Erosive gastritis and duodenitis occurring during continuous cimetidine treatment for duodenal ulceration has been noted.² In patients with severe inflammatory joint disease who take high doses of anti-inflammatory drugs the management of gastrointestinal intolerance can be problematical. The solution of course is to stop the anti-inflammatory drug in question, but this often causes an appreciable increase in the patient's rheumatic symptoms and is therefore impractical. In many cases examination of the upper gastrointestinal tract by barium radiology and endoscopy, if indicated, will show the source of symptoms.

Little has been published on treatment with cimetidine while continuing anti-inflammatory treatment. Croker *et al*³ suggested that cimetidine thus used will relieve symptoms and heal peptic ulcers in most patients—17 of 21 patients in their study—in three months. Eleven of those 17 patients continued to take full doses of anti-inflammatory medication. In our patients dyspeptic symptoms were relieved rapidly with cimetidine, but the ulcers did not heal and continued use resulted in perforation.

It may be safe generally to prescribe cimetidine for patients with peptic ulcer and to continue anti-inflammatory drug treatment, but careful follow-up is necessary to check that the ulcer is healing. If, as in our cases, it is not, the anti-inflammatory treatment should be changed or discontinued.

References

- ¹ McKay AJ, McArdle CS. Cimetidine and peptic ulcer. *Lancet* 1981;iii:157.
- ² Webster J, Petrie JC, Mowat MAG. Erosive gastritis and duodenitis during continuous cimetidine treatment. *Br Med J* 1978;ii:20-1.
- ³ Croker JR, Cotton PB, Boyle AC, Kinsella P. Cimetidine for peptic ulcer in patients with arthritis. *Ann Rheum Dis* 1980;39:275-8.

(Accepted 7 December 1981)

Correction

ABC of Alcohol: Help: Referral

We regret that an error occurred in this paper by Mr D Bissell and others (13 February, p 495). In the list of bodies concerned with alcoholism given in the box at the end of the paper, the address of the Medical Council on Alcoholism should have read 3 Grosvenor Crescent, London SW1X 7EE.

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