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Clinical features and natural history of idiopathic peptic ulcers: a retrospective case–control study

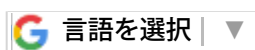
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Abstract

Objectives: Peptic ulcer disease (PUD) is still common worldwide and is characterized by high mortality and morbidity. Following the decline of *Helicobacter pylori* infection, the detection of idiopathic PUD (IPUD) has become more frequent, making diagnosis and treatment more difficult. In this study, the clinical features and natural history of IPUD were analyzed.

Methods: This was a retrospective case–control study conducted in a tertiary care setting (University of Sassari, Italy). Records of 9,212 patients undergoing upper endoscopy from 2002 to 2018 were analyzed. Following the exclusion of *H. pylori*, NSAIDs, and unusual PUD causes, the remaining were labelled as IPUD. Cases (IPUD) and controls (PUD negative) were compared, adjusting for several covariates through multivariate logistic regression models.

Results: Among 380 PUD, 95 were considered IPUD. The proportion rose over the study period in contrast to the decline of *H. pylori*-PUD. Factors significantly associated with IPUD, after adjusting for all covariates, were age (OR, 3.520; 95% CI, 1.634 – 7.585), male sex (OR, 3.126; 95% CI, 1.888 – 5.176), hospitalization (OR, 2.968; 95% CI, 1.926 – 4.575), and number of medications (OR, 2.808; 95% CI, 1.178 – 6.735). A clinical history positive for PUD was the major risk associated with IPUD (OR, 3.729; 95% CI, 2.050 – 6.785). Patients with IPUD were treated with the highest proton pump inhibitor (PPI) dose for 40–60 days. Follow up endoscopy showed a cure rate of 97.6%.

Conclusion: The relative proportion of IPUD is increasing in our population in contrast to the drop of *H. pylori*-PUD. Treatment with high-dose PPI, and for a long duration, heals IPUD and protects from recurrence.

Keywords: *H. pylori* peptic ulcer, NSAID peptic ulcer, proton pump inhibitors, treatment

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The authors declare that they have no conflicts of interest.





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