

Comparison of Gastric and Duodenal Ulcers

	Gastric Ulcer	Duodenal Ulcer
Lesion	Superficial; smooth margins, round, oval, or cone-shaped	Penetrating (associated with deformity of duodenal bulb from healing of recurrent ulcers)
Location of Lesion	Predominantly antrum, also in body and fundus of stomach	First 1-2 cm of duodenum
Gastric secretion	Normal to decreased	Increased
Incidence	<ul style="list-style-type: none"> •Greater in women •Peak age fifth to sixth decade •More common in persons of lower socioeconomic status and in unskilled laborers •Increased with smoking, drug, and alcohol •Increased with incompetent pyloric sphincter •Increased with stress ulcers after severe burns, head trauma, and major surgery 	<ul style="list-style-type: none"> •Greater in men, but increasing in women •Peak age 35-45 yr •Associated with psychological stress •Increased with smoking, drug, and alcohol •Associated with other diseases
Clinical manifestations	<ul style="list-style-type: none"> •Burning or gaseous pressure in high left epigastrium and back and upper abdomen •Pain, 1-2 hrs after meals; if penetrating ulcer, aggravation of discomfort with food •Occasional nausea and vomiting, weight loss 	<ul style="list-style-type: none"> •Burning, cramping, pressure-like pain across mid-epigastrium and upper abdomen; back with posterior ulcers •Pain 2-4 hrs after meals and midmorning, midafternoon, middle of night, periodic and episodic •Pain relief with antacids and food; occasional nausea and vomiting
Recurrence rate	High	High
Complications	Hemorrhage, perforation, outlet obstruction, intractability	Hemorrhage, perforation, obstruction