CHAPTER 18. PEPTIC ULCER DISEASE, SELF-ASSESSMENT QUESTIONS

1. Which of the following is not a common cause of peptic ulcer disease (PUD)?
   A. Chronic alcohol ingestion
   B. Nonsteroidal antiinflammatory drugs (NSAIDs)
   C. Stress-related mucosal damage
   D. *Helicobacter pylori* infection
   E. All of the above are common causes of PUD

2. Which of the following is a complication of PUD?
   A. GI bleeding
   B. Perforation
   C. Obstruction
   D. All of the above
   E. None of the above

3. Which of the following is an indication for stress ulcer prophylaxis (SUP) in critically ill patients according to the 1999 American Society of Health-System Pharmacists (ASHP) published guidelines?
   A. Mechanical ventilation for longer than 48 hours
   B. Patients admitted to telemetry for heart failure
   C. Platelet count greater than 50,000/mm$^3$ (50 × 10$^9$/L) but less than 150,000/mm$^3$ (150 × 10$^9$/L)
   D. Thermal injuries to more than 15% of body surface area
   E. Admission to ICU on enteral feedings

4. Which of the following is an important mechanism of prostaglandin mucosal protection?
A. Stimulation of both mucus and phospholipid production
B. Promotion of bicarbonate secretion
C. Increased mucosal cell turnover
D. All of the above
E. None of the above

5. A 65-year-old woman presents with new onset epigastric pain, recent 10-pound (4.5kg) weight loss, and anemia. What diagnostic test should this patient undergo?
   A. Urea breath test
   B. Stool antigen testing for \textit{H. pylori}
   C. Esophagogastroduodenoscopy (EGD)
   D. \textit{H. pylori} serology testing
   E. Manometry

6. A prophylactic medication regimen to prevent NSAID-induced ulcers would \textit{not} be recommended in:
   A. A 65-year-old patient on long-term NSAID therapy for osteoarthritis
   B. A 60-year-old patient on aspirin therapy for cardioprotection
   C. A 72-year-old patient with history of GI bleeding on NSAID therapy for osteoarthritis
   D. A 30-year-old patient who takes NSAID for occasional tension headaches
   E. An 80-year-old patient on high-dose corticosteroids for lupus and history of GI bleeding

7. A preferred first-line option for treating a newly diagnosed patient with \textit{H. pylori} infection and a penicillin allergy is:
   A. A triple-drug regimen consisting of a proton pump inhibitor (PPI), clarithromycin and tetracycline
B. A triple-drug regimen consisting of a PPI, levofloxacin, and tetracycline

C. A quadruple-drug regimen with bismuth subsalicylate, metronidazole, tetracycline, and a PPI

D. Dual therapy consisting of a PPI and metronidazole

E. None of the above

8. Which one of the following should be considered when evaluating a patient who has failed *H. pylori* eradication therapy?

A. Patient adherence

B. Preexisting antimicrobial resistance

C. Potential reinfection

D. All of the above

E. None of the above

9. Which of the following tests can be used to confirm eradication of *H. pylori*?

A. Urea breath test

B. Stool antigen assay

C. EGD with biopsies

D. Serologic testing

E. Both A and D

10. Which of the following statements is true regarding misoprostol?

A. Misoprostol is a synthetic prostacyclin analog that exogenously replaces prostacyclin stores

B. Misoprostol is safe to use in pregnancy

C. Misoprostol is indicated for reducing the risk of *H. pylori*-induced gastric ulcer
D. Misoprostol is limited by a high frequency of GI side effects
E. Misoprostol is the drug of choice for stress ulcer prophylaxis

11. Which of the following is an independent risk factor for the development of NSAID-induced peptic ulcers?
   A. Concomitant use of corticosteroids
   B. Alcohol consumption
   C. Concomitant use of selective serotonin receptor inhibitors (SSRIs)
   D. Smoking
   E. All of the above

12. Which one of the following statements is true regarding *H. pylori* antimicrobial resistance?
   A. Metronidazole resistance is more prevalent in North America than in Asia
   B. Clarithromycin resistance occurs in approximately 10% of *H. pylori* isolates
   C. Amoxicillin and tetracycline resistance occur in most *H. pylori* isolates
   D. Antimicrobial resistance with *H. pylori* is not a concern
   E. None of the above

13. In which of the following situations is confirmation of *H. pylori* eradication recommended?
   A. Patients who have undergone resection for early gastric cancer
   B. Patients with gastric MALT lymphoma
   C. Patients with persistent symptoms after *H. pylori* treatment
   D. None of the above
   E. All of the above

14. Which of the following is not a goal of PUD therapy?
   A. Resolve symptoms
B. Increase acid secretion
C. Promote epithelial healing
D. Prevent ulcer-related complications
E. Prevent ulcer recurrence

15. Refractory peptic ulcers will most likely require which of the following interventions?

A. An increase in the H$_2$RA dose
B. An evaluation of serum pepsin to exclude Zollinger-Ellison syndrome
C. $H. pylori$ testing if not done previously
D. Combination therapy with an H$_2$RA and PPI
E. All of the above

**ANSWERS**

1. A
2. D
3. A
4. D
5. C
6. D
7. C
8. D
9. E
10. D
11. C
12. B
13. D
14. B
15. C