# Ulcer of Intestine

## A Practical Guide For Patients



GastroDoxs

defenders of the digestive system

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# Introduction: Ulcer of Intestine

An ulcer of the intestine is an area where inflammation or injury has worn away part of the intestinal lining. Ulcers may develop in the small intestine, terminal ileum, cecum, colon, or another intestinal segment. They may be shallow and isolated or deep, multiple, and associated with narrowing, bleeding, or perforation.

“Ulcer of intestine” is a broad diagnostic term. In the current ICD-10-CM system, K63.3 includes primary and certain noninfectious ulcers of the small or large intestine. Duodenal, gastrojejunal, rectal, perforated, and ulcerative colitis-related ulcers are classified separately. Clinically, the location and underlying cause must be identified because treatment for Crohn’s disease differs significantly from treatment for medication injury, infection, poor blood supply, or pressure from impacted stool.

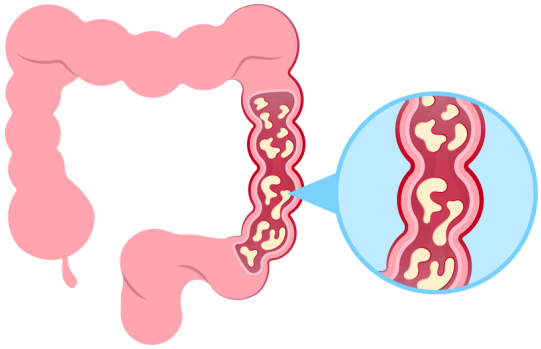
## Key Takeaways

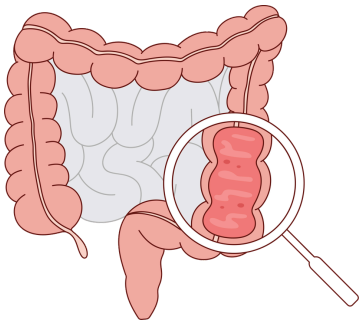
- An intestinal ulcer is an open sore in the intestinal lining.
- It may affect the small intestine or colon.
- The term describes a finding rather than one specific disease.
- Crohn’s disease is an important inflammatory cause.
- NSAIDs can cause small-intestinal and colonic ulcers.
- Infections may produce intestinal ulceration.
- Reduced blood supply can injure and ulcerate the bowel.
- Hardened, impacted stool may cause stercoral ulcers.
- Some patients have no symptoms until bleeding or anemia develops.
- Symptoms may include pain, diarrhea, bleeding, fatigue, and weight loss.
- Endoscopy and biopsy help determine the ulcer’s cause.

# What Causes Ulcer of Intestine?

## Known Causes:

- **Crohn's disease:** Chronic immune-mediated inflammation may cause deep ulcers anywhere in the digestive tract, particularly the terminal ileum and colon.
- **NSAID use:** Aspirin, ibuprofen, naproxen, diclofenac, and similar medicines may cause small-bowel or colonic erosions, ulcers, bleeding, and strictures.
- **Intestinal infections:** Tuberculosis, cytomegalovirus, amebiasis, and other infections may cause ulceration, especially in patients with reduced immunity.
- **Reduced intestinal blood flow:** Ischemia may injure the bowel lining and cause ulcers, bleeding, or tissue death.
- **Stercoral injury:** Hardened, impacted stool may press against the colon wall and produce pressure-related ulceration.
- **Behçet's disease:** This inflammatory disorder may cause deep ulcers, commonly near the ileocecal region.





# Common Signs & Symptoms

Symptoms depend on the ulcer's location, depth, cause, and whether bleeding, inflammation, narrowing, or perforation has developed. Some ulcers are found incidentally during colonoscopy or capsule endoscopy. Others cause ongoing pain, diarrhea, anemia, or visible gastrointestinal bleeding.

## Core Symptoms Include:



- Abdominal pain or tenderness
- Abdominal cramping
- Chronic or recurring diarrhea
- Blood mixed with the stool
- Bright red or maroon stool
- Dark or black stool
- Hidden blood detected through stool testing

## Severe cases can also cause:



- Heavy gastrointestinal bleeding
- Severe or rapidly worsening abdominal pain
- Persistent vomiting
- Inability to eat or drink
- Intestinal narrowing or stricture
- Partial or complete bowel obstruction
- Inability to pass stool or gas
- Intestinal perforation

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# Diagnosis & Medical Testing

Diagnosis begins by confirming the ulcer's location and determining why it developed. The healthcare professional will review symptoms, medicines, travel, infections, immune status, family history, previous radiation, and inflammatory conditions.
Blood and stool tests can identify anemia, inflammation, infection, and nutritional problems. Endoscopy provides direct visualization and allows tissue sampling. CT or MR enterography evaluates areas beyond the reach of routine endoscopy and can identify bowel-wall inflammation, narrowing, abscesses, or fistulas.

## Diagnostic Tools:

- **Immune-status assessment:** Reviews HIV, transplantation, chemotherapy, and immune-suppressing medication.
- **Physical examination:** Checks abdominal tenderness, swelling, pallor, dehydration, and signs of malnutrition.
- **Complete blood count:** Detects anemia, infection, and blood loss.
- **Iron studies:** Identify iron deficiency caused by chronic bleeding.
- **Metabolic panel:** Evaluates electrolytes, kidney function, liver function, and dehydration.
- **Albumin and total protein:** Check nutritional status and possible intestinal protein loss.
- **Inflammatory markers:** C-reactive protein and sedimentation rate may indicate active inflammation.
- **Stool blood testing:** Detects bleeding that may not be visible.

# Diet

There is no universal diet that heals every intestinal ulcer. Nutrition depends on the ulcer's cause, location, symptoms, and complications. Dietary changes can improve comfort and prevent malnutrition, but they do not replace treatment for Crohn's disease, infection, ischemia, medication injury, or cancer.

## Key Insights:



- Eat sufficient protein to support tissue repair.
- Choose soft, easily tolerated foods during significant discomfort.
- Follow a temporary low-fiber diet when narrowing or obstruction risk is present.
- Avoid fiber supplements during active obstruction symptoms.
- Include iron-rich foods when iron deficiency is present.
- Use oral nutrition supplements when ordinary meals are insufficient.
- Avoid alcohol when it worsens irritation, bleeding, or inflammation.
- Avoid foods that repeatedly aggravate pain or diarrhea.
- Do not eliminate gluten unless celiac disease or another indication has been established.
- Do not rely on milk, bland foods, or supplements as a cure for an intestinal ulcer.



# Medications & Treatment Options

Treatment depends on the cause of the ulcer. No single medicine is appropriate for every intestinal ulcer. Immunosuppressive therapy may help Crohn's disease but could worsen an untreated infection. Antibiotics may treat a confirmed infection but will not heal an NSAID-induced or ischemic ulcer. A precise diagnosis is therefore essential before long-term treatment begins.

## Treatment Options

- **NSAID discontinuation:** Removes a common medication-related cause when medically safe.
- **Alternative pain management:** Replaces NSAIDs with a safer individualized plan.
- **Crohn's disease therapy:** May include corticosteroids, immunomodulators, biologics, or small-molecule medicines.
- **Antibiotic treatment:** Treats confirmed bacterial infections or related complications.
- **Antiviral medicine:** May treat cytomegalovirus or another confirmed viral cause.
- **Antiparasitic therapy:** Treats amebiasis or another identified parasitic infection.
- **Tuberculosis treatment:** Requires a complete multidrug regimen managed by appropriate specialists.
- **Vasculitis or Behçet's treatment:** May include corticosteroids or other immune-modifying medicines after infection has been excluded.
- **Iron replacement:** Treats iron-deficiency anemia.

# Advanced Therapies & Procedures

Advanced treatment may be needed when an intestinal ulcer causes ongoing bleeding, narrowing, obstruction, abscess, fistula, or perforation. The approach depends on the ulcer's accessibility and whether the surrounding intestine remains healthy.

## Therapy Options:

- **Endoscopic biopsy:** Obtains tissue to determine the ulcer's cause.
- **Endoscopic bleeding control:** Uses clips, heat, injection, or other methods to control accessible bleeding.
- **Device-assisted enteroscopy:** Reaches small-intestinal ulcers for diagnosis and treatment.
- **Balloon dilation:** Opens selected short, nonperforated intestinal strictures.
- **Capsule endoscopy:** Maps small-bowel ulcers when retention risk is low.
- **CT angiography:** Identifies active gastrointestinal bleeding.
- **Angiographic embolization:** Blocks a bleeding vessel when endoscopic therapy is unsuccessful or unsuitable.
- **Abscess drainage:** Removes infected fluid through image-guided or surgical drainage.
- **Bowel rest:** Temporarily reduces intestinal workload in selected hospitalized patients.
- **Enteral nutrition:** Provides liquid nutrition through the digestive tract.

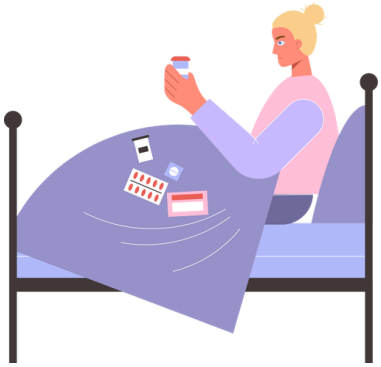
# Coping With Ulcer of Intestine

Living with an intestinal ulcer can be confusing because the term does not explain the underlying disease. Patients should ask where the ulcer is located, whether one or several ulcers were found, what the biopsy showed, and which causes have been excluded.

## Practical Strategies

- Obtain copies of the endoscopy and pathology reports.
- Ask for the exact location, number, and depth of the ulcers.
- Ask whether narrowing, bleeding, or perforation was present.
- Keep an updated list of prescription and over-the-counter medicines.
- Inform the clinician about all NSAID and aspirin use.
- Do not restart a suspected medication trigger without guidance.
- Complete all recommended stool and infection testing.
- Take prescribed medicines exactly as directed.
- Attend gastroenterology follow-up appointments.
- Complete repeat endoscopy or imaging when recommended.





# FAQS

**Q1: What is an ulcer of the intestine?**

**A:** It is an open sore or area of tissue loss in the lining of the small or large intestine. The term describes an abnormal finding rather than one specific disease. The cause may be inflammatory, medication-related, infectious, ischemic, traumatic, or pressure-related.

**Q2: What causes intestinal ulcers?**

**A:** Common and important causes include Crohn's disease, NSAID use, reduced blood flow, infections, stercoral pressure from impacted stool, Behçet's disease, radiation injury, vasculitis, and selected cancers. Rare genetic or nonspecific ulcerating disorders may also affect the small intestine.

**Q3: How is an intestinal ulcer diagnosed?**

**A:** Diagnosis may involve blood and stool tests, colonoscopy, upper endoscopy, capsule endoscopy, CT or MR enterography, and device-assisted enteroscopy. Biopsy is often necessary to distinguish inflammation, infection, medication injury, ischemia, and cancer.

**Q4: How is an intestinal ulcer treated?**

**A:** Treatment targets the cause. It may involve stopping an NSAID, treating Crohn's disease, using antimicrobial medicine for a confirmed infection, correcting anemia and nutritional deficiencies, relieving constipation, or treating impaired blood flow. Endoscopic therapy or surgery may be required for bleeding, narrowing, obstruction, or perforation.

# Take Action

If an endoscopy, capsule study, imaging test, or pathology report identifies an intestinal ulcer, further evaluation may be needed to determine why it developed. Do not assume that every intestinal ulcer is caused by acid or that acid-reducing medication alone will heal it.

Schedule a consultation with GastroDoxs for expert guidance on identifying and treating the cause of an intestinal ulcer.

For additional resources, visit **GastroDoxs.com**.

## Your health starts with knowledge.
## Take the first step today!

**SCHEDULE AN APPOINTMENT**



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