SMOKING AND ULCER DISEASE

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ABSTRACT

Summary and conclusions: Cigarette smoking appears to be a risk factor for the development, maintenance and recurrence of ulcer disease. Smoking has no consistent clinically important effect on gastric acid secretion, but it interferes with the action of histamine-2 antagonists and IPP, accelerates gastric emptying of liquids, promotes duodenogastric reflux, inhibits pancreatic bicarbonate secretion, reduces mucosal blood flow and inhibits mucosal prostaglandin production. These adverse effects of smoking are related directly to the act of smoking. Cessation of smoking is associated with those functions in minutes to hours. Ulcer patients smokers will benefit immediately by stopping smoking entirely or limiting daily consumption to 10 cigarettes or less (90 minutes between each cigarette).

Key words: Cigarette smoking, ulcer disease.