LETTERS TO THE EDITOR

Dietary factors associated with duodenal ulcer

Stir — The results of two recent studies showed that duodenal ulcer was associated with low dietary linoleic acid and high refined sugar intake.1 2 In India and Bangladesh Tovey and colleagues3 noted a high incidence of duodenal ulcer from areas in which milk or polished rice, sorghum, or yams are staples, and a low incidence where unrefined wheat, certain millets, or pulses are staples. The protective factor could be either a lipid or a liposoluble substance. It has been hypothesised that in Western populations the falling incidence of duodenal ulceration may be related to the increased consumption of essential fatty acids, particularly linoleic and arachidonic acids.4

In Africa the frequency of duodenal ulcer is rising in urban populations with their transition in diet and other aspects of lifestyle. Risks in frequency occur in the 'Western' type of duodenal ulcer, with haemorrhage and perforation being the major complications.5 This picture contrasts with the complication of gastric outlet obstruction resulting from the 'stenosing' type of ulcer, which occurs in rural, non-Westernised areas of Africa.6

In Soweto (population about 2 million) at Baragwanath hospital (3200 beds, 52 200 inpatients annually) in 1983 there were 236 patients with duodenal ulcer (4-5 per 1000 hospital admissions), a considerable increase, even allowing for population growth, from 1956 when only 34 patients were admitted for treatment.7 In 1964–71 Bremner reported 88 black patients among 31 500 surgical admissions to the Johannesburg Hospital (2·8 per 1000 hospital admissions).8 The traditional diet contrasts with the complication of gastric outlet obstruction resulting from the 'stenosing' type of ulcer, which occurs in rural, non-Westernised areas of Africa.9

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Interleukin-2 receptor expression.

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Gut 1991 32: 456-457
doi: 10.1136/gut.32.4.456-a

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