Omeprazole versus ranitidine in the treatment of resistant duodenal ulcer

Sir,—Bardhan et al have clearly demonstrated the efficacy of omeprazole in the therapy of refractory peptic ulcer (Gut 1991; 32: 435–8). It is well known that about 5–10% of peptic ulcers do not heal when treated with H2 antagonists and are considered to be refractory. The optimal management of these patients is not yet established. Published data are contradictory about the efficacy of omeprazole therapy in patients with peptic ulcer that are resistant to the H2 receptor antagonist treatment.

It is important, therefore, to take into consideration all experiences which could help us to find the best treatment. We have conducted a controlled randomised study to assess the efficacy of omeprazole 40 mg daily compared with ranitidine continued at the same dose in patients with duodenal ulcers that were refractory to the previous ranitidine treatment. Forty five outpatients were treated during this study. Patients with a duodenal ulcer of at least 5 mm diameter which did not heal after six weeks’ treatment with 300 mg ranitidine were admitted to the trial. Endoscopy, performed at the beginning of the trial, showed active duodenal ulcer in all cases. Patients were randomly allocated to two groups—23 in the ranitidine therapy was continued in the same dose (150 mg twice a day) and in 22 omeprazole 40 mg was given at bedtime. All patients received the same analgesic relief. No other anti-ulcer treatment was allowed.

The two groups were not significantly different as to age, duration of ulcer disease, smoking habits and alcohol consumption. Control endoscopy was performed after 4 weeks’ treatment. Omeprazole was significantly better than continued ranitidine therapy in healing rates of duodenal ulcers at the four week control endoscopy (healing rates: omeprazole group 19 (86%) patients; ranitidine 11 (50%) patients; 2:1 test: 7:81; p = 0.01). Omeprazole also gave better symptom relief than ranitidine. No side effects were reported and all patients completed the study.

Patients with unhealed ulcers received omeprazole (40 mg at bedtime) for a further four weeks. At the end of this period endoscopy was repeated and showed healed ulcer in all thrice omeprazole group and in none of the ranitidine group.

Our results indicate that omeprazole is more effective in patients with duodenal ulcer that fail to heal with ranitidine treatment. Our findings agree with those of Bardhan et al although in our study the previously unsuccessful H2-receptor antagonist therapy was conducted with the same drug, and at the same dose in all cases and only patients with duodenal ulcer were included to the study.

Our results, obtained from strictly defined subset of patients with duodenal ulcer, confirm that omeprazole has a significant beneficial effect in the management of resistant duodenal ulcers.
Omeprazole versus ranitidine in the treatment of resistant duodenal ulcer.

Z Tulassay, F Szalay and M Acharya

Gut 1992 33: 863
doi: 10.1136/gut.33.6.863

Updated information and services can be found at:
http://gut.bmj.com/content/33/6/863.1.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/