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Erratum

The incorrect abstract was printed as TU1 in the 1997 BSG abstract book (*Gut* 1997; 40 (suppl 1): A1. The correct abstract is reproduced below.

OMEPRAZOLE VS MISOPROSTOL: DIFFERENT EFFECTIVENESS IN HEALING GASTRIC AND DUODENAL ULCERS VS EROSIONS IN NSAID USERS - THE OMNIUM STUDY CJ Hawkey¹, I Floren², G Långström², A Walan², ND Yeomans³, ¹Div of Gastroenterology, Univ Hosp., Nottingham, UK, ²Astra Hässle AB, Molndal, Sweden, ³Dept of Medicine, Western Hosp., Melbourne, Australia.

INTRODUCTION: Laboratory studies suggest that gastric mucosal damage by NSAIDs is biphasic. Inhibition of prostaglandin synthesis causes superficial gastric and duodenal erosions, followed by a more acid-dependent progression to ulceration. We, therefore, investigated the hypothesis that acid suppression with omeprazole would preferentially heal and prevent ulcers whilst misoprostol would have a greater impact on erosions.

METHODS: 935 patients on continuous NSAID treatment who had gastroduodenal ulcers and/or >10 erosions at endoscopy were randomised to receive omeprazole 20mg om, 40mg om or misoprostol 200µg qid under blinded conditions for 4/8 weeks until healing (no ulcer, <5 erosions). Of those, 732 patients were re-randomised to maintenance treatment with omeprazole 20mg om, misoprostol 200µg bid or placebo for 6 months to assess relapse (ulcer or >10 erosions).

RESULTS: Both doses of omeprazole were more effective than misoprostol in healing duodenal (DU) and gastric ulcers (GU). Conversely, misoprostol was more effective in patients with erosions.

	Healing (%)					
	DU (n=184)		GU (n=374)		Erosions (n=324)	
	4w	8w	4w	8w	4w	8w
Omeprazole 20mg om	80	93	70	87	55	77
Omeprazole 40mg om	88	89	67	80	62	79
Misoprostol 200µg qid	60	77	62	73	75	87

These results were replicated during the maintenance phase. Fewer patients relapsed with ulcers (with or without erosions) on omeprazole than on misoprostol or placebo (15% vs 20% and 43% respectively). In contrast, fewer patients relapsed with erosions only on misoprostol than on omeprazole or placebo (7% vs 12% and 14%, respectively).

CONCLUSIONS: These results support the concept that NSAID-associated ulcers are more acid-dependent than erosions and hence, more easily healed and prevented with omeprazole than with misoprostol.

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