TEST	SENSITIVITY/ SPECIFICITY, %	COMMENTS
Invasive (Endoscopy/Biopsy Required)		
Rapid urease	80–95/95–100	Simple, false negative with recent use of PPIs, antibiotics, or bismuth compounds
Histology	80–90/>95	Requires pathology processing and staining; provides histologic information
Culture	—/—	Time-consuming, expensive, dependent on experience; allows determination of antibiotic susceptibility
Noninvasive		
Serology	>80/>90	Inexpensive, convenient; not useful for early follow-up
Urea breath test	>90/>90	Simple, rapid; useful for early follow-up; false negatives with recent therapy (see rapid urease test); exposure to low-dose radiation with ^{14}C test
Stool antigen	>90/>90	Inexpensive, convenient

Abbreviation: PPIs, proton pump inhibitors.

Occasionally, specialized testing such as serum gastrin and gastric acid analysis may be needed in individuals with complicated or refractory PUD (see “Zollinger-Ellison Syndrome,” below). Screening for aspirin or NSAIDs (blood or urine) may also be necessary in refractory *H. pylori*–negative PUD patients.

TREATMENT

Peptic Ulcer Disease

Before the discovery of *H. pylori*, the therapy of PUD was centered on the old dictum by Schwartz of “no acid, no ulcer.” Although acid secretion is still important in the pathogenesis of PUD, eradication of *H. pylori* and therapy/prevention of NSAID-induced disease is the mainstay of treatment. A summary of commonly used drugs for treatment of acid peptic disorders is shown in **Table 324-3**.