

and contractions; misoprostol is contraindicated in women who may be pregnant, and women of childbearing age must be made clearly aware of this potential drug toxicity. The standard therapeutic dose is 200 µg qid.

Miscellaneous Drugs A number of drugs including anticholinergic agents and tricyclic antidepressants were used for treating acid peptic disorders, but in light of their toxicity and the development of potent antisecretory agents, these are rarely, if ever, used today. Newer agents such as teprenone, an acyclic polyisoprenoid compound used as a gastric mucosal protector that is employed to treat gastritis and GUs outside of the United States; plant-based therapies; and CCK2 receptor antagonists are intriguing therapies but require further evaluation.

THERAPY OF *H. PYLORI*

The physician's goal in treating PUD is to provide relief of symptoms (pain or dyspepsia), promote ulcer healing, and ultimately prevent ulcer recurrence and complications. The greatest influence of understanding the role of *H. pylori* in peptic disease has been the ability to prevent recurrence. Documented eradication of *H. pylori* in patients with PUD is associated with a dramatic decrease in ulcer recurrence to <10–20% as compared to 59% in GU patients and 67% in DU patients when the organism is not eliminated. Eradication of the organism may lead to diminished recurrent ulcer bleeding. The effect of its eradication on ulcer perforation is unclear.

Extensive effort has been made in determining who of the many individuals with *H. pylori* infection should be treated. The common conclusion arrived at by multiple consensus conferences around the world is that *H. pylori* should be eradicated in patients with documented PUD. This holds true independent of time of presentation (first episode or not), severity of symptoms, presence of confounding factors such as ingestion of NSAIDs, or whether the ulcer is in remission. Some have advocated treating patients with a history of documented PUD who are found to be *H. pylori* positive by stool antigen or breath testing. Between 60 and 90% of patients with gastric MALT lymphoma experience complete remission of the