TREATMENT OF GASTROINTESTINAL ULCERS

* Primary treatment of GI ulceration is directed at the underlying cause.
* Supportive care may be required to correct metabolic derangements and can include fluid therapy.
* Medication directed at the ulcer itself reduces gastric acidity, prevents further destruction of GI mucosa, and promotes ulcer healing.
* In general, antiulcerative therapy should be continued for 6–8 wk.
* Gastric acid production is stimulated by histamine (most potent), gastrin, and acetylcholine. Drugs that decrease acid secretion help protect damaged GI mucosa.
* Histamine-2 receptor blockers (eg, cimetidine, famotidine) promote mucosal healing, and some agents also act as prokinetics (eg, ranitidine). While no drug has been found to be clinically more efficacious that another, famotidine (0.5–1, mg/kg, PO, SC, or IV, bid) is more potent in reducing gastric pH than cimetidine (10 mg/kg, PO, IM, or IV, tid) or ranitidine (dogs: 2 mg/kg, PO or IV, tid; cats 2.5 mg/kg, IV, bid, or 3.5 mg/kg, PO, bid).
* Proton pump inhibitors (eg, omeprazole 0.5–1 mg/kg, PO, sid) are useful for more severe ulcers, because they are more potent inhibitors of gastric acid secretion. Use of the proton pump inhibitor pantoprazole (0.5–1 mg/kg, IV, sid) has been reported in dogs and cats.
* Prophylactic use of H2-blockers and proton pump inhibitors may not decrease the risk of GI ulceration in animals predisposed to ulcer formation.

* Cytoprotective agents include antacids and sucralfate. Antacids are weak bases that neutralize gastric acid within the stomach lumen; they may also promote gastric prostaglandin production.
* Aluminum- or magnesium-containing antacids are considered the most effective with the fewest adverse effects, although they can lead to constipation. Rebound gastric acidity often occurs because of their short half-life. For this reason, antacids are no longer routinely used.
* Sucralfate (dogs: 0.5–1 g, PO, bid-tid; cats: 0.25 g, PO, bid-tid) is a polyaluminum sucrose sulfate that binds to areas of eroded or ulcerated GI mucosa. Because it inhibits absorption, it should not be given within 2 hr of food or other drugs. The prostaglandin E2 analog, misoprostol, is used to help prevent NSAID-associated ulcer formulation but does not assist in mucosal healing or decrease acid secretion.