

THE ASSOCIATION OF CHRONIC PULMONARY EMPHYSEMA WITH CHRONIC PEPTIC ULCERATION*

PAUL T. GREEN, B.A., M.D. and
JOHN C. DUNDEE, B.A., M.D., *Winnipeg*

IT WAS OUR CLINICAL IMPRESSION that chronic peptic ulcer was associated with chronic pulmonary emphysema more often than should be expected by chance alone. A search of the literature did not reveal any reference to this association.

In order to seek further evidence on this matter recourse was had to the post-mortem material at this hospital, and 700 consecutive autopsies were analyzed; all of these were male patients. The incidence of benign chronic peptic ulcer in this whole group was determined from the autopsy protocols, and then certain selected groups were further analyzed, as follows:

TABLE I.

| Type of case | No. of cases | No. with ulcer | % with ulcer |
|----------------------------------|--------------|----------------|--------------|
| All cases | 700 | 45 | 6.4 |
| Emphysema | 64 | 12 | 19.0 |
| Carcinoma prostate | 36 | 2 | 5.5 |
| Hypertensive disease | 52 | 2 | 3.9 |
| Bronchogenic carcinoma | 42 | 7 | 17.0 |

1. Those patients who had been clinically diagnosed and treated as cases of chronic pulmonary emphysema, and in whom this diagnosis had been confirmed at autopsy.

2. Those cases that had carcinoma of the prostate at post-mortem.

3. Those cases who had died of hypertensive cardiovascular disease.

4. Those cases that had died of bronchogenic carcinoma.

It was hoped that these four groups might act as control groups, being approximately in similar age levels, and having comparatively chronic or subacute illnesses.

The results of the analysis are tabulated: (Table I).

The figures suggested that there might, indeed, be an increased incidence of peptic ulcer in patients dying of chronic pulmonary emphysema. The apparent increased incidence of peptic ulcer in the group with bronchogenic carcinoma is interesting. It would be of interest

to compare groups of other types of chronic respiratory disease, but no other such groups of sufficient size were included in the post-mortem material.

It was also noted that in addition to chronic peptic ulceration, some cases had acute peptic ulceration so that multiple ulcers were not infrequent. It was of further interest to note that four of the twelve patients who had emphysema and peptic ulceration had severe upper gastrointestinal hæmorrhage which contributed to their death.

In order to seek further information, a series of clinical histories were drawn on patients who had been diagnosed and treated for chronic pulmonary emphysema but who were still alive: 72 such cases were found. In 14 of these cases a diagnosis of peptic ulcer had been made on the grounds indicated in Table II.

TABLE II.

| Evidence | No. of cases |
|------------------------------|--------------|
| X-ray | 9 |
| Perforation | 2 |
| Hæmorrhage | 1 |
| Gastro-enterostomy | 2 |
| Total | 14 |

In other cases dyspepsia had been noted in the functional inquiry, but further investigation had not been carried out except in two cases where barium x-ray studies had been done and were reported as negative.

Thus among the clinical material the incidence of peptic ulceration was 14 out of 72 cases, as a minimum figure, or 19%.

DISCUSSION

We felt that these figures vindicated our clinical impression that peptic ulceration is considerably more common in patients suffering from chronic emphysema than is generally recognized. There did not appear to be any relationship between the occurrence of the ulceration and the type of treatment used and, in almost all clinical cases, the pulmonary symptoms occurred long before dyspeptic symptoms appeared. Hæmorrhage seemed to be more common in those who had right heart failure.

The proof here is on statistical grounds, which is not always too satisfactory evidence. Taking the probable true incidence of chronic peptic ulceration in post-mortem material as 6.4% (the incidence in the whole 700 autopsies) the chances of finding 12 cases of peptic ulcer among the

*Department of Medicine and Pathology, Deer Lodge Hospital, D.V.A., Winnipeg.

group of 64 patients with emphysema by pure chance works out to about 3 in 100. Although this is not the ratio that makes the statistician completely happy, it is a reasonably good chance that the observation is a true one. In order to have more certain evidence either for or against, it would require a larger group of cases than we have available.

The purpose of this communication is to suggest further observation by other interested individuals on this problem, and to suggest that possibly more attention should be paid to the dyspepsia and epigastric distress occurring in patients with emphysema. Several text-books mention, in passing, that epigastric distress or dyspepsia are symptoms that are associated with chronic pulmonary emphysema. These symptoms have been variously ascribed to "anoxia" or to

"the result of an overworked diaphragm and abdominal muscles".

Because we cannot accept our hypothesis as proved, it seems rather idle to speculate on the mechanism of production of peptic ulceration in these patients.

SUMMARY

Clinical impression and analysis of post-mortem protocols and clinical histories of patients with chronic pulmonary emphysema suggest that chronic peptic ulceration occurs more often in this group of patients than would be expected by chance alone.

It is suggested that the dyspepsia and epigastric distress that are not infrequently associated with this chronic pulmonary disease may often be due to peptic ulceration.

AN ASSESSMENT OF THE VALUE OF A WELL WOMAN CLINIC*

J. P. A. LATOUR, M.D., H. OXORN, M.D. and
N. W. PHILPOTT, M.D., *Montreal*

THE WELL WOMAN CLINIC of the Royal Victoria Hospital in Montreal was established in the spring of 1948 by the department of obstetrics and gynaecology. The object of this clinic was to offer to the asymptomatic well women of our community an opportunity to undergo a routine medical check up as was being done in a large number of similar institutions in the United States of America at that time.

From the time of its inception the policy of the clinic has remained the same, although it has undergone gradual evolution in the manner of execution of this policy. The main purpose has been to offer a low cost combination of examinations and laboratory tests directed at discovering serious asymptomatic diseases such as cancer and tuberculosis. The opening of the clinic and its purpose was announced in the medical and the lay press.

Only women who claimed to be free of complaints were admitted and only after naming a doctor to whom a report of their condition could be sent. Recently the clinic has begun to notify the doctor of the patient's appointment, and if

he does not feel that the examination is indicated, the patient is not accepted.

On two occasions a group of two hundred consecutive patients were asked if they were in the habit of going to their physician for periodic check-ups. In each group 60% of these women were not in the habit of doing so.

At the onset the clinic was held one-half day per week, but the large demand for such examinations has resulted in a gradual increase in the number of patients, and at the present time approximately 300 patients are seen every month on the basis of five half days per week.

The patients are booked in two categories: (a) public patients who pay according to their means, from nothing to a maximum of three

TABLE I.

| | |
|----------------------------------|---------|
| Rental, laundry, power etc..... | \$2.25 |
| Nursing services..... | .65 |
| Full size chest plate..... | 3.00 |
| Cervical cytology test..... | 1.50 |
| Hæmatology..... | .50 |
| Doctors, 3 for each patient..... | 6.00 |
| Secretarial help..... | 1.00 |
| Total..... | \$14.90 |

dollars, (b) semi-private patients who pay an all inclusive fee of fifteen dollars which barely covers the actual costs of the examination to the hospital as listed in Table I.

The physical examination is performed on each semi-private patient by certified specialists in surgery, gynaecology and medicine. The public

*From the Royal Victoria Maternity Hospital, Montreal.