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Semantic Note

The Semantics of Peptic Ulcer

The induction or aggravation of peptic ulcer disease by occupational stresses may guarantee considerable remedial benefits under Federal and State employee compensation laws. Physicians who are asked opinions by official agencies or insurance carriers will wish to have all the legal and semantic nuances of gastro-duodenal diagnostic terminology well in mind before filing their reports regarding individual patients.

Richard R. Grayson, M.D.

A daily task of the practicing physician is to clarify to his ulcer patients the semantics of his diagnostic labels. In the category of peptic ulcer he has a rich field for discussion with the patient. The monologues are not always didactic or recreational but are important articles in the craftsmanship of medicine.

There is consentaniety on the generic meaning of "peptic ulcer" and the anatomical distinctions of duodenal, channel, and gastric ulcers. Not so easy are the concepts of antral gastritis and duodenitis. Such terms are used or misused interchangeably with the conceptual phrases pseudo-ulcer, gastroduodenal irritability, functional gastroduodenal disorder, and peptic ulcer disease.

Another area of semantic difficulty is the persistent duodenal or gastric radiologic deformity associated with ulcer-like symptomatology. The entente among clinicians is that a persistent deformity represents either past or present peptic ulcer and that without endoscopy or surgery one is dependent on clinical acumen for a diagnostic label.

What are the problems with the above disputed terms?

1. Antral gastritis: not a single patient will understand the word "antral" or its parent "antrum". Not too many people know what gastritis signifies, and radiologists disagree on radiologic criteria. Endoscopists further report that visual correlation with roentgenograms is poor.

2. Duodenitis: a delightful word, obviously meaning inflammation of the duodenum. Unfortunately, radiologic purity demands "coarsening of the duodenal mucosa" in addition to duodenal spasm and irritability. If the thickened folds of the duodenum are not reported, the doctor is in a bind even though the patient has ulcer symptoms—nay, even though symptoms be ominous and life-threatening; one school avers these people have nothing and another school says that they have something. Perhaps 40% of them are destined to have a duodenal crater.

3. Both schools of thought sometimes call the above a "functional gastroduodenal disorder". Big trouble! "Functional" in school meant that a bodily part is functioning, albeit in a different way than usual; but functional was separated from pathological by the pathologists who claim not to have found the problem in the patient's gross or histologic anatomy. Ergo, the mind stops; functional must mean IT is psychiatric (psychogenic) and not medical.

4. "Pseudo-Ulcer" officially refers to those patients who have ulcer signs and symptoms clinically but not radiologically. This is the wastebasket category in which one puts pylorospasm, gastroduodenal irritability and even normal radiologic reports of the gastroduodenum in patients who have ulcer symptoms. The word "pseudo", however, conjures up visions of falsity, pseudo-intellectual effete snobs, malingerers, and compensationitis. Away with that word!

The clinician is left with two better choices than those discarded above: they are Peptic Ulcer Disease and Near Ulcer.

Peptic Ulcer Disease is a general designation rather than a specific one, analagous in its content with other recognized general appellations such as non-specific gastroenteritis, idiopathic hypertension, and chronic brain syndrome. The term signifies the predisposition of the patient to this condition, signals the episodic nature of the disorder, and connotes something of the expected therapy and prognosis.

The alternative, Near-Ulcer, is understood by the lay public and physicians alike; this simple cognomen immediately tells the listener that we have a condition which: (a) is nearly an ulcer of the stomach or of the duodenum; (b) may become an ulcer shortly if not treated; (c) is probably caused by the same stress factors that cause an ulcer; and, (d) therefore requires the same treatment as an ulcer.

Furthermore, the term near-ulcer suggests to the patient that he is not so far gone as he thought, that it is not cancer, that he was wise in seeking medical help, and that his physician and radiologist are astute in diagnosing this before it became worse.

Above all, the term means that surgery can be avoided. A near-ulcer is therefore one that is imminent and also one that is narrowly avoided, but it is certainly not a sham or pseudo-ulcer, it is not an imitation, and the patient is not malingering consciously or unconsciously. With a near-ulcer the patient and the doctor have continued respect for each other, whereas a "functional gastroduodenal disorder" conveys little but wind, and suggests that the medical profession is a great deal more ignorant on this subject than it really is.

One last semantic perception needs recording: that is, the similarity in function of the malapropism "Near-Miss" to that of "Near-Ulcer".

"Near-Miss" in aviation refers to a near-collision between two aircraft. A near-miss, therefore, is a misnomer: the two airplanes did not nearly miss and then HIT each other as one might be led to believe, but they in fact nearly HIT each other, and what occurred was a "Near-Hit". A HIT is a bad thing in a lot of fields (except the baseball field).

It should be noticed that the misnomer, Near-Miss, is official terminology in the Federal Aviation Administration (FAA). It is well-known that the FAA never refers to these Near-Hits as psuedo-hits, functional near-collisions, pscyhogenic collision disorders, or even as spastic and irritable disorders of aircraft navigation as possibly they ought.

Let us in medicine certainly take note of the simple and comforting terminology of the Federal government, and call all our Near-Misses in gastroenterology Near-Ulcers.

Dr. Grayson practices internal medicine in St. Charles, Ill. and is Founder of the American Academy of Stress Disorders, 103 W. Main St., St. Charles, Ill. 60174.