

Patient Name: Anil Kumar

Age: 42

Gender: Male

Occupation: Sales Executive

Date: [Insert Date]

Chief Complaint:

The patient reports persistent upper abdominal pain, often described as a burning sensation, for the past 3 months. Pain worsens on an empty stomach and is accompanied by nausea, bloating, and occasional vomiting.

History of Present Illness:

- **Onset:** Gradual onset of symptoms over the last 3 months.
 - **Progression:** Symptoms have become more frequent and intense, particularly after meals or at night.
 - **Triggers:** Spicy or acidic foods, coffee, and prolonged periods without eating.
 - **Symptoms:**
 - Burning or gnawing pain localized in the upper abdomen.
 - Early satiety (feeling full quickly).
 - Frequent episodes of heartburn and acid reflux.
 - Nausea and occasional vomiting, sometimes with traces of blood.
 - General fatigue and unintentional weight loss of 4 kg in the last 2 months.
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Medical History:

- **Past Conditions:** Diagnosed with gastritis 2 years ago.
 - **Medications:** Regular use of NSAIDs (ibuprofen) for chronic back pain.
 - **Family History:** Father had peptic ulcer disease.
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Lifestyle and Occupational History:

- **Occupation:** High-pressure sales job with frequent travel.
- **Dietary Habits:**

- Irregular meals and frequent consumption of fast foods.
 - High caffeine intake (5–6 cups of coffee per day).
 - Occasionally consumes alcohol and smokes 5–7 cigarettes daily.
 - **Stress Levels:** Reports high stress due to workload and performance targets.
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Examination Findings:

- **Vital Signs:**
 - **Blood Pressure:** 128/80 mmHg (normal).
 - **Heart Rate:** 90 bpm.
 - **Abdominal Examination:**
 - Tenderness in the epigastric region.
 - No palpable masses or organomegaly.
 - **General Appearance:** Appears fatigued and pale, suggestive of possible anemia.
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Assessment:

- **Diagnosis:**
 - **Gastric Ulcer** (likely due to *Helicobacter pylori* infection and NSAID use).
 - **Contributing Factors:**
 1. Chronic NSAID use without gastroprotective measures.
 2. High caffeine and alcohol intake.
 3. Irregular meal patterns and stress.
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Plan and Recommendations:

1. **Medical Treatment:**
 - Prescribe proton pump inhibitors (PPIs) such as Omeprazole or Pantoprazole for acid suppression.
 - Antibiotics (e.g., Amoxicillin and Clarithromycin) for *H. pylori* eradication if confirmed.
 - Discontinue NSAID use; recommend alternative pain management strategies.
 - Prescribe antacids for immediate relief of symptoms.
2. **Lifestyle Modifications:**
 - Adopt a regular meal schedule with smaller, more frequent meals.
 - Avoid spicy, acidic, and fatty foods.
 - Reduce caffeine and alcohol intake, and quit smoking.
 - Stay hydrated with non-caffeinated beverages.

- Incorporate relaxation techniques (e.g., yoga, meditation) to manage stress.
 - 3. **Diagnostic Tests:**
 - Upper GI endoscopy to confirm ulcer diagnosis and check for complications.
 - H. pylori breath or stool test.
 - Complete blood count (CBC) to assess anemia.
 - 4. **Follow-Up:**
 - Reassess symptoms in 4 weeks to monitor response to treatment.
 - Adjust medication or consider further investigations if no improvement is noted.
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Doctor's Notes:

The patient should be educated on the importance of compliance with the treatment regimen and lifestyle modifications. Immediate medical attention is necessary if there is vomiting of blood or black, tarry stools, which may indicate complications such as bleeding ulcers.

Signed:

Dr. Rahul Sharma, MD

Gastroenterologist

[Contact Number: 9876543210]