

# CHRONIC GASTRITIS

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## Definition

The chronic inflammation  
of gastric mucosa.

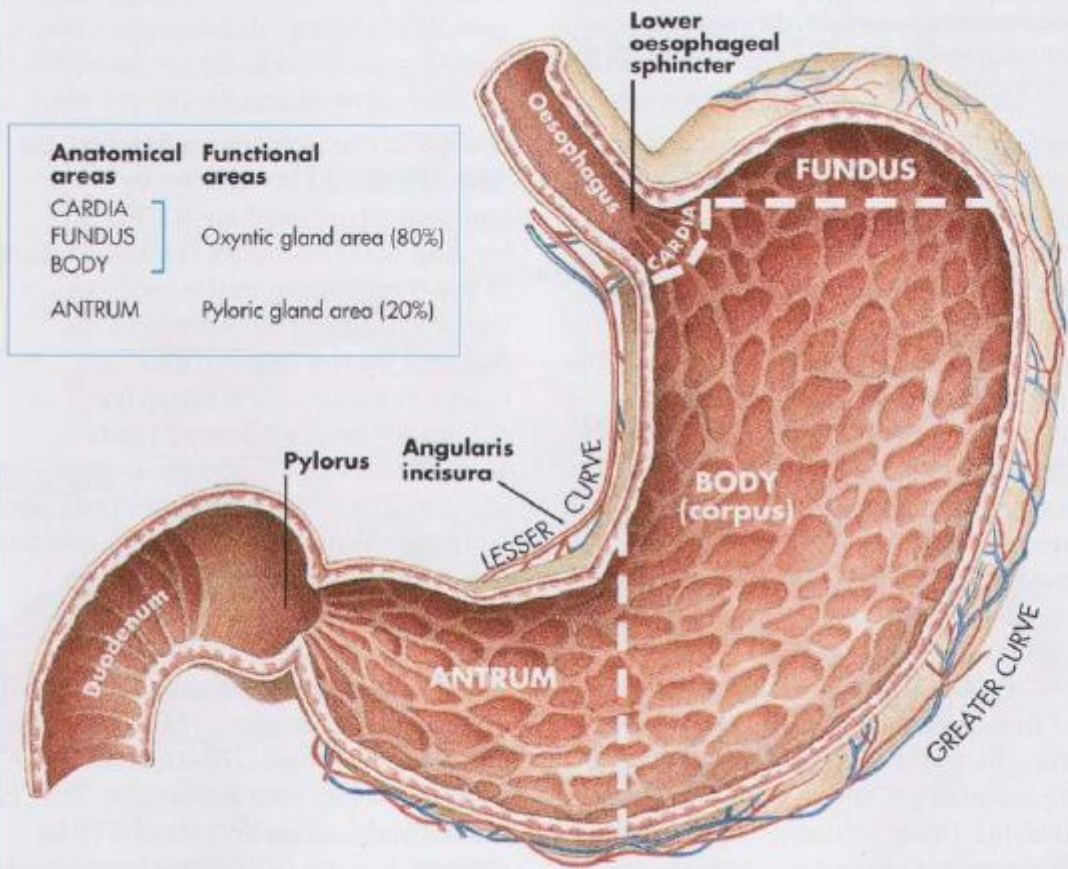
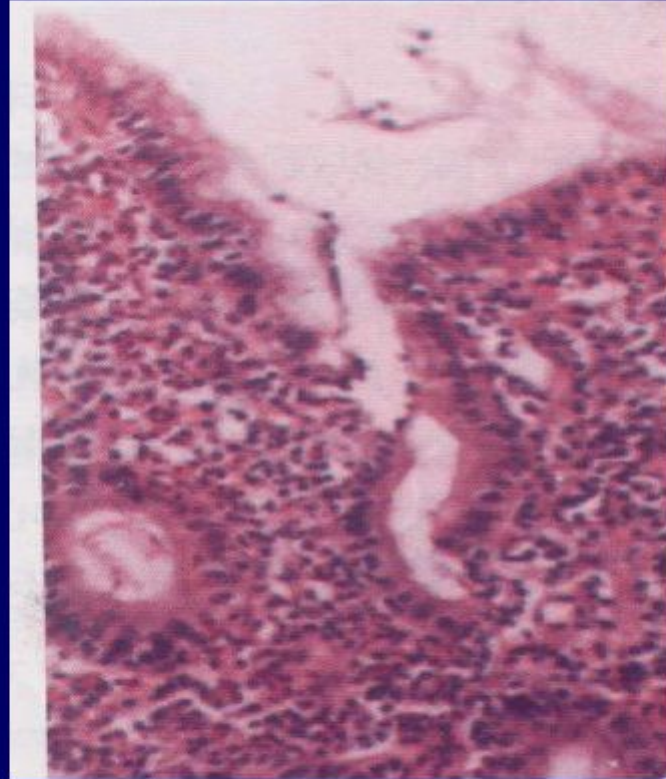


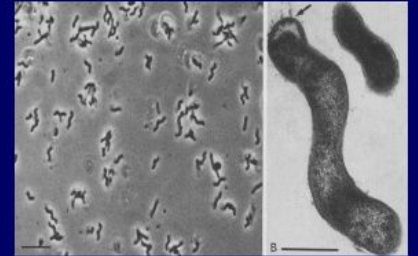
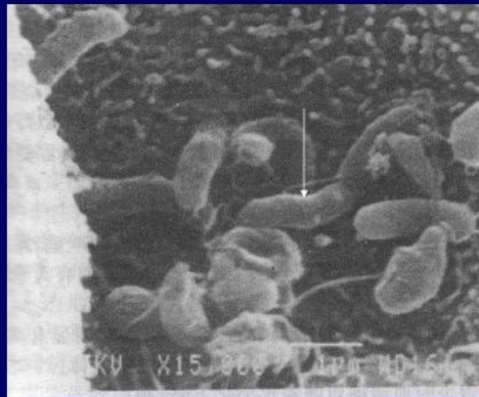
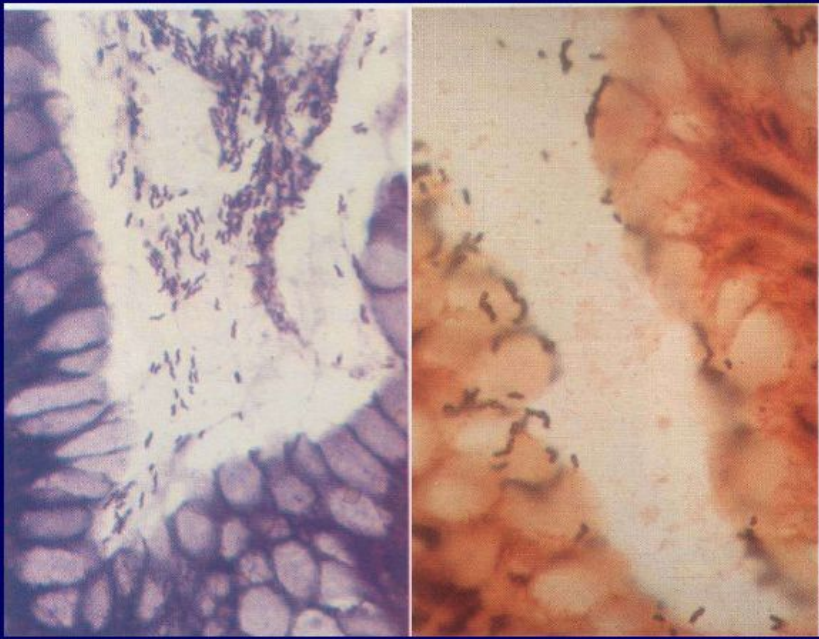
Fig. 3. Gross anatomical and functional areas of the stomach. Parietal cells are located in the oxyntic gland area, whereas gastrin cells are located in the pyloric gland area.



**Chronic gastritis**

## Etiology

q *Helicobacter pylori*  
infection



***Helicobacter pylori***

## Etiology

### q auto-immunologic factor

- y high positive rate (90%) of serum anti-parietal cell antibody (APCA)
- y animal model: gastritis induced by injecting APCA repeatedly
- y high positive rate (75%) of serum anti-intrinsic factor antibody

## Classification of chronic gastritis

q Chronic antral gastritis

(Type B gastritis)

*H. Pylori* infection (90%)

NSAIDs

alcohol

.....



## Classification of chronic gastritis

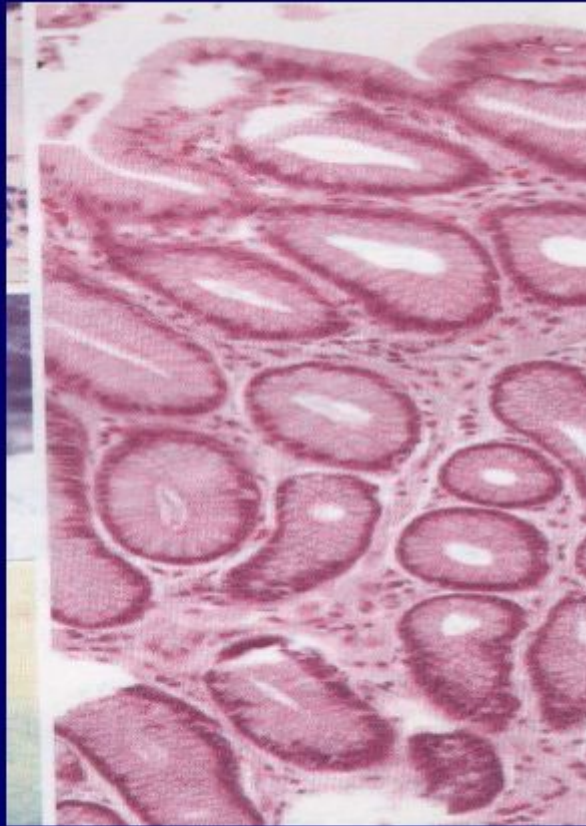
- q Chronic corpus gastritis  
(Type A gastritis)  
auto-immunologic factors

Chronic pangastritis

# Histology

Chronic superficial gastritis

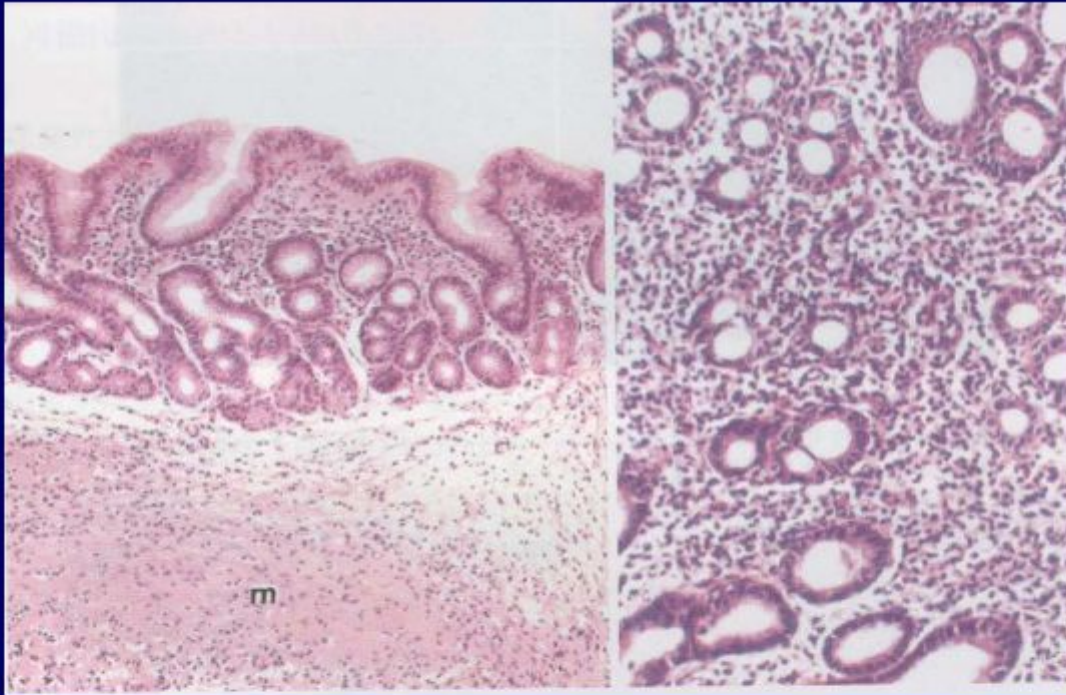
Chronic inflammation without  
glandular atrophy



Chronic  
superficial  
gastritis

# **Chronic atrophic gastritis**

Chronic inflammation with  
glandular atrophy



**Chronic atrophic gastritis**

## Clinical Manifestations

- q Most of patients are asymptomatic
- q Dyspepsia: upper abdominal pain or discomfort (bloating, belching, nausea vomiting)
- q The symptoms are not specific
- q No typical physical sign found

## Laboratory and other examinations

- q Endoscopy examination with mucosal biopsy  
the most reliable method for diagnosis

# Endoscopy examination

## y superficial gastritis

edema, erythema, exudate,  
erosion



Edema  
erythema



## y Atrophic gastritis

grey, reduced mucosa folds,  
submucosal visible vessels

## Note

imperfect co-relations between endoscopic appearances and histological classification, the final diagnosis should be made by histological examination.

# Gastric acid secretion and serology tests

## Type A gastritis

- q serum anti-parietal cell antibody: (+)
- q serum anti-intrinsic factor antibody: (+)
- q serum gastrin: ↑
- q basic and maximal (pengastrin stimulated) gastric acid secretion : ↓

## Type B gastritis

- q usually in normal range of above tests
- q gastrin and gastric acid secretion decreased when severe atrophy occurred

	Type A	Type B
Etiology	auto immunity	H.p. Environment factors
Topography	corpus	antrum
BAO & MAO	↓	-- or ↓ ↑
gastrin	↑	--
APCA	+	--
Associated disease	pernicious anemia	peptic ulcer

# Treatment

## q Exclusion of causative factors

smoking, alcohol, NSAIDs, salty food

## q Medication

y relief of pain: antacid, H<sub>2</sub>-RA, PPI

y prokinetic agents: to enhance gastric motility, promote gastric empty

## q Anti-microbial therapy

There are still some arguments

No a effective, low side-effect and  
low price medicine available

Eradication of Hp is not means  
improvement of symptoms

# How should we do?

## Eradication of H.p.

- q When the patient's symptom is intractable
- q When the patient from the high risk area of gastric cancer
- q When the patient wishes to be treated



## Surgery

Only in chronic gastritis with severe dysplasia, because of dysplasia is regarded as precancerous lesion and it is hard to distinguish severe dysplasia and early gastric cancer

# Prognosis

- Normal mucosa → CSG → CAG<sup>?</sup> → GC
- There is a risk from atrophic gastritis (especially with moderate to severe dysplasia) developing to gastric cancer.

## Summary

- q Chronic gastritis is a common disease
- q Type A : auto immunity
  - Type B : H. Pylori infection
- q Symptom : dyspepsia
- q Diagnosis : endoscopy with histology
- q Treatment : symptoms relief
- q Prognosis