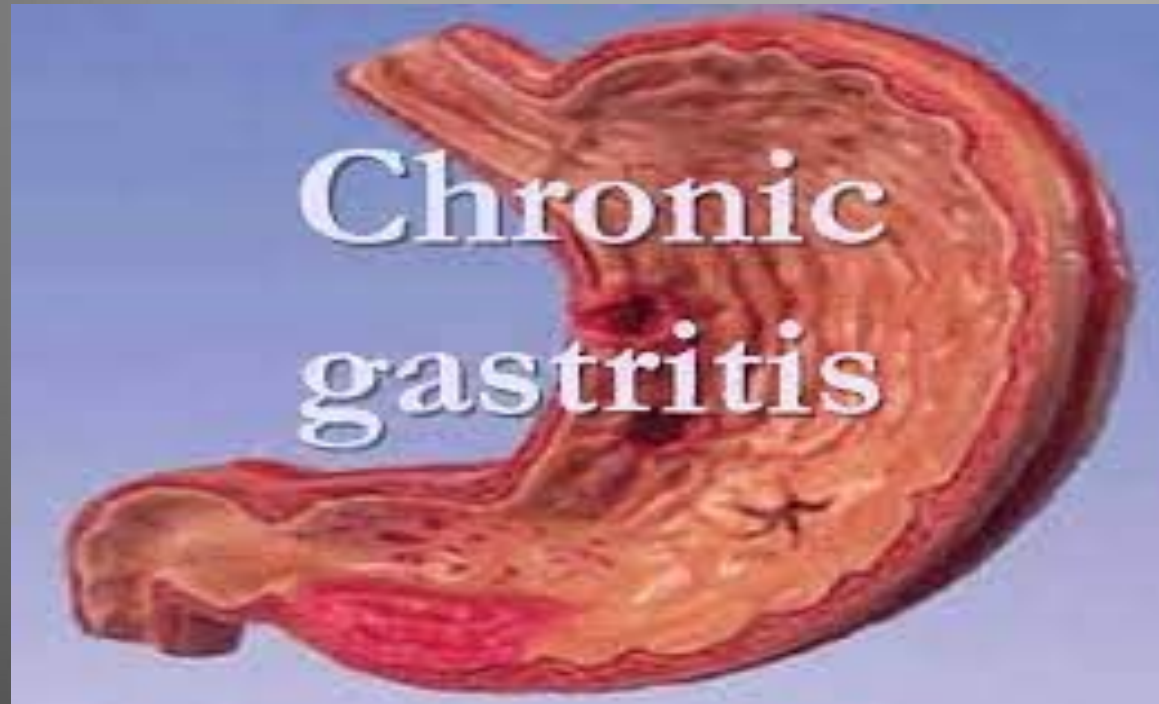




Chronic Gastritis



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GASTRITIS

DEFINITION:

- Gastritis is an inflammation of the gastric mucosa, is classified as either acute or chronic.



INCIDENCE:

- The incidence of gastritis is highest in the fifth and sixth decades of life; men are more frequently affected than women. The incidence is greater in clients who are heavy drinkers and smokers.

Chronic gastritis

Defination -Chronic gastritis is defined as the presence of chronic inflammatory changes in the mucosa leading eventually to mucosal atrophy & epithelial metaplasia.

The two main features of this disease are infiltration of the lamina propria by inflammatory cells and atrophy of the glandular epithelium.



H. pylori has been found in 90% of patients with chronic gastritis, 95% with duodenal ulcer disease, 70% with gastric ulcer, and 50% with gastric carcinoma

classification

Chronic gastritis ABC

A- Autoimmune (Less than 10%)

B – Bacterial (Helicobacter 90%)

C Chemical



Chronic gastritis also classified according to the predominant site involvement

Type A – Body predominant (Autoimmune)

Type –B Antral Predominant (h. pylori related// Non immune gastritis)

CHRONIC GASTRITIS

- Chronic gastritis occurs in 3 different forms
 - 1) Superficial gastritis, which causes a reddened, edematous mucosa with small erosions and hemorrhages.
 - 2) Atrophic gastritis, which occurs in all layers of the stomach, develops frequently in association with gastric ulcer and gastric cancer, and is invariably present in pernicious anemia; it is characterized by a decreased number of parietal and chief cells.
 - 3) Hypertrophic gastritis, which produces a dull and nodular mucosa with irregular, thickened, or nodular rugae; hemorrhages occur frequently.

ETIOLOGICAL FACTOR

- ❑ Peptic Ulcer Disease (PUD), infection with *Helicobacter pylori* bacteria or gastric surgery may lead to chronic gastritis.
- ❑ After gastric resection with a gastro-jejunostomy, bile and bile acids may reflux into the remaining stomach, causing gastritis.
- ❑ H. Pylori infection can lead to chronic atrophic gastritis.
- ❑ Age is also a risk factor; chronic gastritis is more common in older adults.

PATHOPHYSIOLOGY

The stomach lining first becomes thickened and erythematous and then becomes thin and atrophic.



Continued deterioration and atrophy



Loss of function of the parietal cells



Acid secretion decreases



Inability to absorb vitamin B12



Development of pernicious anemia

CLINICAL MANIFESTATION


Manifestations are vague and may be absent because the problem does not cause an increase in hydrochloric acid.

Assessment may reveal

- Anorexia
- Feeling of fullness
- Dyspepsia
- Belching
- Vague epigastric pain
- Nausea
- Vomiting
- Intolerance of spicy and fatty foods



COMPLICATION


- ❑ Bleeding
- ❑ Pernicious anemia 
- ❑ Gastric cancer

MEDICAL MANAGEMENT

- ❑ Discomfort may lessen with a bland diet, small frequent meals, antacids, H₂ receptor antagonists, proton pump inhibitors, and avoidance of food that cause manifestations.
- ❑ If H.pylori bacteria are present, anti-biotics and other medications are administered to eliminate the bacteria.
- ❑ If 1 week of this regimen does not succeed in eliminating the bacteria, the regimen may be repeated for an additional week.
- ❑ If pernicious anemia develops, intramuscular injections of vitamin B₁₂ may be administered monthly for the remainder of the client's life.

NURSING MANAGEMENT

Nursing Diagnosis:

- 1) Acute pain related to irritated stomach mucosa.
- 2) Imbalanced nutrition, less than body requirement, related to inadequate intake of nutrition.

- 3) Risk for imbalanced fluid volume related to insufficient fluid intake and excessive fluid loss subsequent to vomiting.
- 4) Anxiety related to treatment.
- 5) Deficient knowledge about dietary management and disease process.



thank you