

Acute and chronic gastritis

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Introduction

- Gastritis is an inflammation of the gastric mucosa .
- it is classified as either acute or chronic.
- Incidence high in 5th – 6th decades of life.
- M > F.
- Increases with smoking and alcohol consumption.

Acute gastritis

- Acute gastritis is usually short duration unless the gastric mucosa showed extensive damage.
- **Etiology:**
- Ingestion of a corrosive , erosive substance.
- Drugs: aspirin , NSAID, chemotherapy , steroids.
- Systemic bacterial or viral infection.
- Acute alcohol and food poisoning.
- Ischemia , shock & uremia .

pathophysiology

The mucosal lining of the stomach normally protects it from the action of gastric acid. This mucosal barrier is composed of prostaglandins.

Due to any cause



This barrier is penetrated



Hydrochloric acid comes into contact with the mucosa



Injury to small vessels



Edema, hemorrhage, and possible ulcer formation

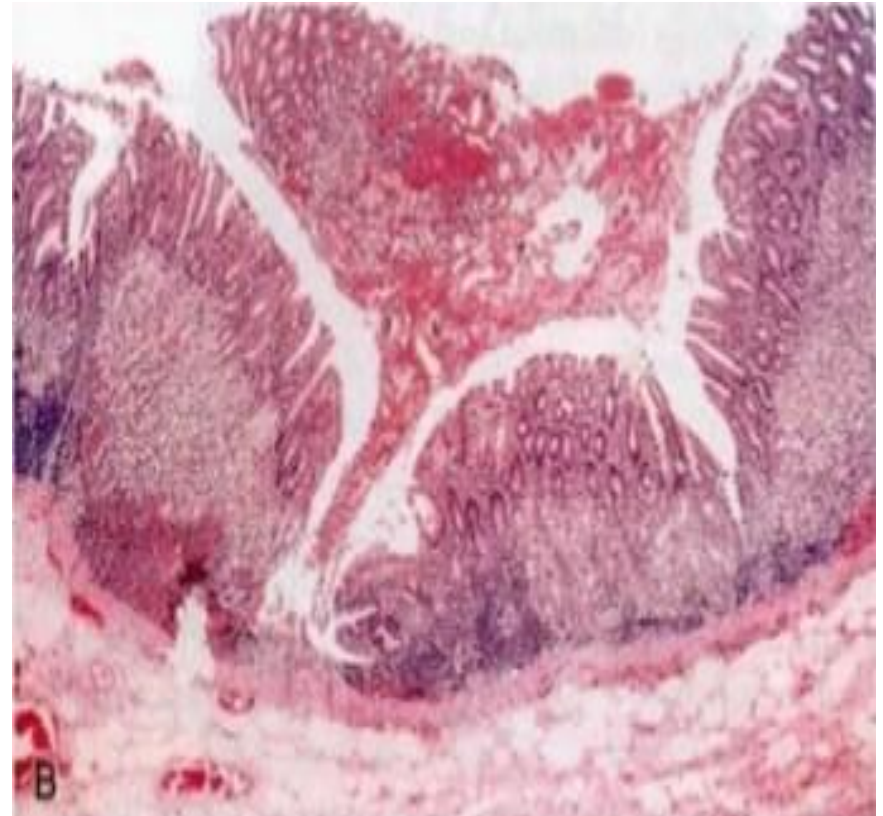
Clinical picture

- Abdominal pain and tenderness,
- Cramping.
- Belching.
- Reflux.
- Nausea and vomiting.
- Hematemesis.
- Diarrhea .

Diagnosis

- History of food intake , medications, and any disorder related to gastritis.
- Physical examination, rectal examination.
- Investigations :
- H.pylori test.
- Stool routine examination and for occult blood .
- Upper GIT endoscopy and histological examination by biopsy of the sample.

- The gastric mucosa is edematous , with neutrophilic infiltrations.
- Mucosal erosions, ulceration and hemorrhage.



Treatment

- Stop consumption of any factor that precipitate inflammation.
- Antiemetic drugs. Metoclopramide , domperidone.
- Antiacids ; cimetidine , ranitidine ,
- Proton pump inhibitors.
- Treat the underlying cause of gastritis.

Dietary therapy

- Initially foods and fluids are withheld until N& V subside.
- Avoid spicy food, caffeine and large heavy meals. Then can slowly return to a normal diet if the symptoms subside

Chronic gastritis

- **Superficial gastritis:**
Reddened ,edematous mucosa with small erosions and hemorrhage.
- **Atrophic gastritis:**
Decreased number of parietal and chief cells , in association with gastric ulcer and gastric cancer.
presents in pernicious anemia.
- **Hypertrophic gastritis:**
Thickened and nodular mucosa. Hemorrhage occure frequently.

Etiology

- Peptic ulcer disease .
- After gastrojejunostomy.
- H. pylori infection (chronic. Atrophic non atrophic gastritis).
- Age : risk of chronic gastritis increases with age .
- Radiation injury
- Chronic bile reflux

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

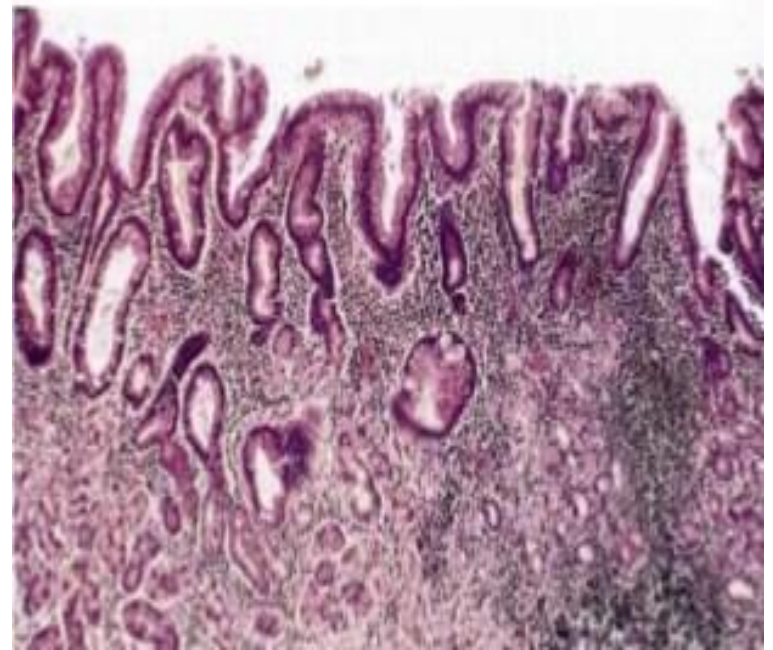


Inability to absorb vitamin B₁₂



Development of pernicious anemia

- Infiltration of lymphocytes &/ or plasma cells in the lamina propria.
- Partial replacement of the gastric mucosal epithelium by intestinal metaplasia



Clinical picture

- Anorexia
- Feeling of fullness
- Dyspepsia
- Belching
- Vague epigastric pain
- N&V
- Intolerance to spicy and fatty food.

complication

- Bleeding
- Pernicious anemia
- gastric cancer

Management

- Small frequent meals
- PPI
- H.pylori eradication
- Intramuscular injections of vit B 12 monthly if pernicious anemia develops.
- Dietary management
- Anxiety related treatment

Thank you