GASTRITIS

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Classification of gastritis

- Gastritis describes any histologically confirmed inflammation of the gastric mucosa.

- In most modern classification systems the amount of inflammatory infiltrate and the degree of gastric atrophy will be included.

Autoimmune gastritis

- There are circulating antibodies to the parietal cell.
- This results in the atrophy of the parietal cell mass
  - hypochlorhydria or achlorhydria.
  - Decease in intrinsic factor.
  - Malabsorption of vitamin B12, may result in pernicious anemia.
- The antrum is not affected and the hypochlorhydria leads to the production of high levels of gastrin from the antral G cells.
- This results in chronic hypergastrinaemia.
- Patients with autoimmune gastritis are predisposed to the development of gastric cancer, and screening such patients endoscopically may be appropriate.

H. pylori gastritis (Type B gastritis)

- This affects the antrum, and it is these patients who are prone to peptic ulcer disease.
- Most prone to the development of gastric cancer.
- Intestinal metaplasia is associated with chronic pangastritis with atrophy.

Reflux gastritis

- This is caused by enterogastric reflux and is particularly common after gastric surgery.
- Operation for the condition should be reserved for the most severe cases.

Erosive gastritis

- Caused by agents that disturb the gastric mucosal barrier; NSAIDs and alcohol are common causes.

Stress gastritis

- A common sequel of serious illness or injury and is characterized by a reduction in the blood supply to superficial mucosa of the stomach.
- The condition also sometimes follows cardiopulmonary bypass.
- Prevention: routine use of H2 antagonists with or without barrier agents, such as sucralfate, in patients who are on intensive care.

Lymphocytic gastritis

- This type of gastritis is seen rarely.
- It is characterized by infiltration of the gastric mucosa by T cells and is associated with H. pylori infection.
- The pattern of inflammation resembles that seen in coeliac disease or lymphocytic colitis.

Peptic ulceration

- Caused by H. pylori or NSAIDs .
- Duodenal ulcers are more common than gastric ulcers, but the symptoms are indistinguishable
- Gastric ulcers may become malignant and an ulcerated gastric cancer may mimic a benign ulcer.
- Gastric antisecretory agents and H. pylori eradication therapy are the mainstay of treatment, and elective surgery is very rarely performed
- The common complications of peptic ulcers are perforation, bleeding and stenosis
- The treatment of the perforated peptic ulcer is primarily surgical, some patients may be managed conservatively
- Cigarette smoking predisposes to peptic ulceration and increases the relapse rate after treatment.

HAEMATEMESIS AND MELAENA

TABLE 63.4 Causes of upper gastrointestinal bleeding.	
Condition	%
Ulcers	60
Oesophageal	6
Gastric	21
Duodenal	33
Erosions	26
Oesophageal	13
Gastric	9
Duodenal	4
Mallory–Weiss tear	4
Oesophageal varices	4
Tumour	0.5
Vascular lesions, e.g. Dieulafoy's disease	0.5
Others	5

Gastric cancer

- One of the most common causes of cancer death in the world
- The outlook is generally poor, owing to the advanced stage of the tumor at presentation
- The etiology of gastric cancer is multifactorial, but H. pylori is important factor for distal but not proximal gastric cancer.
- Early gastric cancer is associated with very high cure rates.
- Gastric cancer can be classified into intestinal and diffuse types, the latter having a worse prognosis
- Spread: lymphatics, blood or direct, but distant metastases are uncommon in the absence of lymph node involvement.
- The treatment of curable cases is by radical surgery and removal of the second group of lymph nodes.
- Gastric cancer is chemosensitive and chemotherapy improves survival in patients having surgery for the condition and in advanced disease

Thanks