

Current Views and Treatment of Atrophic Gastritis

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Abstract: Atrophic gastritis is a variant of chronic gastritis characterized by thinning of the gastric mucosa, a decrease in the number of cells producing hydrochloric acid and pepsin. It is a precancerous condition, increasing the risk of intestinal metaplasia, dysplasia of the mucosal epithelium, gastric cancer. Appeal to the doctor at the appearance of the first symptoms of atrophic gastritis, adequate treatment and further dispensary monitoring of this pathology will help to preserve the quality of life of the patient, prevent complications.

Keywords: Modern methods of treatment, chronic gastritis.

Introduction. The true prevalence of atrophic gastritis in women and men is unknown. However, since it is the outcome of long-standing superficial *Helicobacter* and a manifestation of autoimmune gastritis, we can conclude that its prevalence reaches about 50%. With this disease, a constant inflammatory process is determined in the gastric wall. The cells of the mucosa are not renewed, it means, the secretory, motor (motor), incretory, evacuator (removal of food into the intestine) functions of the organ are violated.

According to the localization of atrophic gastritis, three types of pathology are distinguished:

antral;

affecting the body of the stomach;

multifocal, or widespread.

In the classification of atrophic gastritis, it is important to determine the degree of severity of atrophy:

Atrophy is absent - in the examined preparation, the normal structure of the cells of the mucosa is preserved, the main glands, a large number of main and parietal cells are determined.

Unconfirmed atrophy - a pronounced inflammatory infiltration of cells is determined, the main glands are reduced, connective tissue is not overgrown.

Atrophy confirmed - metaplastic (instead of glands of gastric mucosa intestinal glands are detected) or non-metaplastic (gastric glands are detected in the preparation, but their number is much less than normal).

The location, degree of severity of atrophy (mild, medium, pronounced), the fact of presence, the prevalence of intestinal metaplasia are also necessarily taken into account.

In the development of atrophic gastritis, three stages are distinguished:

superficial gastritis (only the superficial layer of the mucous membrane is affected, hydrochloric acid is produced slightly less than normal, clinical manifestations of pathology are absent);

focal atrophy (there are areas of inflammation in the mucous membrane, but the secretion of hydrochloric acid does not decrease due to compensatory mechanisms);

diffuse atrophy (the mucosa is thin, the secretion of its cells is significantly reduced, areas of intestinal metaplasia are determined, endoscopy reveals alternation of foci of atrophy with areas of metaplasia and unchanged mucosa).

Symptoms

Patients suffering from atrophic gastritis complain primarily of signs of digestive disorders, among which are:

a feeling of heaviness, overfilling of the stomach;

discomfort in the epigastrium;

decreased appetite;

nausea;

belching of rotten or air;

unpleasant taste in the mouth;

halitosis (bad breath);

excessive salivation.

Other symptoms of atrophic gastritis in women and men:

Intestinal bloating, rumbling in the abdomen, especially after eating dairy products;

unstable, prone to loose stools;

anemic syndrome (weakness, fatigue, pallor, paleness, palpitations, shortness of breath);

dull, aching pain in the stomach area, which increases after eating;

other manifestations depending on the type of hypovitaminosis (A, D, C, PP, B12).

Often on the background of this pathology develops astheno-neurotic syndrome, accompanied by weakness, unstable, prone to low mood, irritability, tearfulness, fluctuations in blood pressure, palpitations. In autoimmune gastritis, B12-deficiency anemia occurs, the symptoms of which are burning in the mouth, tongue pain, impaired sensitivity of the extremities, fatigue, general weakness, low moods.

Causes

More than a dozen factors can lead to atrophy of the gastric mucosa, but in the vast majority of cases the cause of atrophic gastritis is a widespread long-term associated with *Helicobacter* infection superficial chronic gastritis and rare gastritis of autoimmune nature.

Increase the risk of developing this pathology:

disorderly, unbalanced diet with a large amount in the diet of spicy, fried, spicy, smoked dishes, coffee, carbonated drinks;

regular use of alcohol;

uncontrolled intake of certain drugs (group of NSAIDs, antibiotics, cytostatics);

bile from the duodenum into the stomach;

age over 50 years;

psycho-emotional stress;

genetic predisposition;

metabolic diseases (thyrotoxicosis, diabetes mellitus).

Diagnosis

The patient's complaints, anamnesis data and objective examination will only allow the doctor to suspect chronic inflammation in the stomach. However, the presence of some objective signs (enlarged in size, with teeth imprints, covered with white thick plaque "varnished" tongue, discomfort, discrete soreness in the epigastric region) will lead the specialist to think about the atrophic process in the

stomach. Verify the diagnosis will help the “gold standard” diagnosis of chronic gastritis - fibrogastroscopy. During the study, the doctor will examine the condition of the mucosa, will find a change in its color to pale grayish, a decrease in the thickness of the layer, the size of the folds, an increase in the expression of the vascular pattern, areas of intestinal metaplasia - replacement of gastric epithelium with intestinal cells.

In the process of gastroscopy, the specialist will take a biopsy of the mucosa from different parts of the stomach for further morphologic and histologic examination. This will allow to identify microscopic changes in tissue samples, characteristic of atrophic gastritis, to determine the degree of severity of the process.

Additional methods of research that will help to clarify the features of the digestive system:

measuring the level in the blood of pepsinogen and gastrin as markers of atrophy;

determination in the blood of antibodies to the internal factor of Kastl and antiparietal (will verify autoimmune gastritis);

ultrasound of the abdominal cavity organs;

daily gastric pH-metry;

diagnosis of Helicobacter infection (urease test).

Treatment

Treatment of atrophic gastritis of the stomach in women and men should be aimed at eliminating the causative factor, minimizing the unpleasant symptoms of pathology. It is conservative and is carried out depending on the severity of the patient's condition on an outpatient basis or in the conditions of a therapeutic / gastroenterological hospital.

The patient can be prescribed drugs from such groups:

antibiotics (will help eliminate Helicobacter pylori);

hormones (will reduce the activity of the autoimmune inflammatory process);

proton pump inhibitors and/or H2-histaminoblockers (will reduce hydrochloric acid secretion);

gastroprotectors (form a shell on the stomach wall, protecting the mucosa from damaging factors, accelerating healing);

prokinetics (improve motility of the upper gastrointestinal tract, reducing the risk of bile throwing into the stomach from the intestines);

gas-absorbing medications (will help with flatulence);

natural gastric juice (in case of a pronounced deficiency of hydrochloric acid secretion by the gastric mucosa);

preparations of gastric enzymes (normalize digestion);

in anemia - iron preparations, vitamin B12;

preparations of vitamins and trace elements in confirmed deficiency.

Nutrition in gastric mucosa atrophy should be balanced, regular. Consumption of refined sugars, large amounts of salt, saturated fats, as well as rough fiber, alcohol, preservatives should be sharply limited.

Prevention

Reduce the risk of developing atrophic gastritis will help:

healthy diet;

refusal of bad habits;

prevention, timely diagnosis, treatment of chronic gastritis associated with Helicobacter infection and other diseases of the digestive tract.

Rehabilitation

Patients suffering from atrophy of the gastric mucosa, must necessarily be under the supervision of an outpatient therapist or gastroenterologist - to appear at intervals specified by the doctor for a checkup, undergo 2 times a year gastroscopy with biopsy, receive courses of antiretroviral therapy.

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