



JSC «ASTANA MEDICAL UNIVERSITY»  
DEPARTMENT OF INNER DISEASES

# IWS «CHRONIC GASTRITIS»

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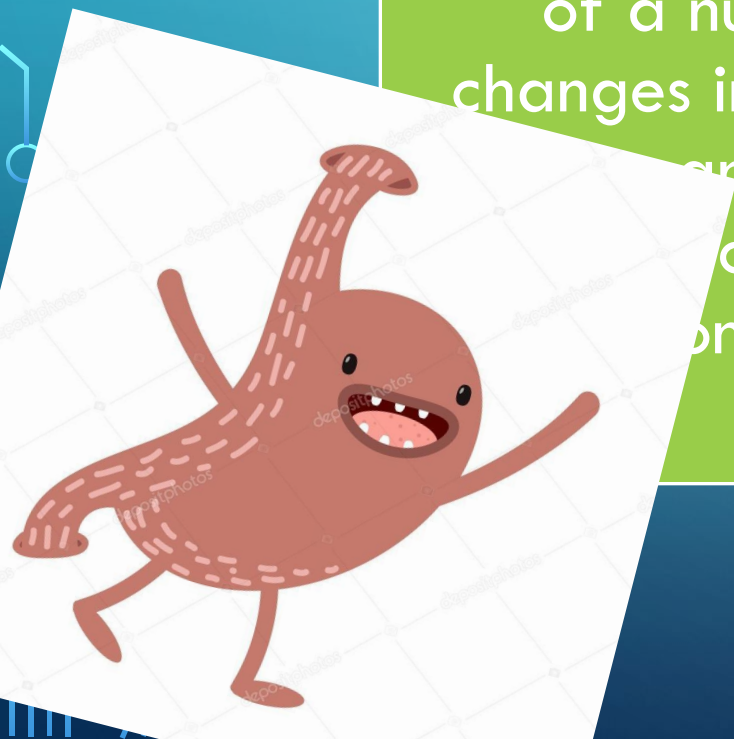
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CHECKED BY: BAYDURIN S.A.

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# CHRONIC GASTRITIS

is a long-lasting disease, is characterized by the development of a number of morphological changes in the gastric mucosa and is caused by various disorders of gastric functions that affect the secretion of hydrochloric acid and pepsin



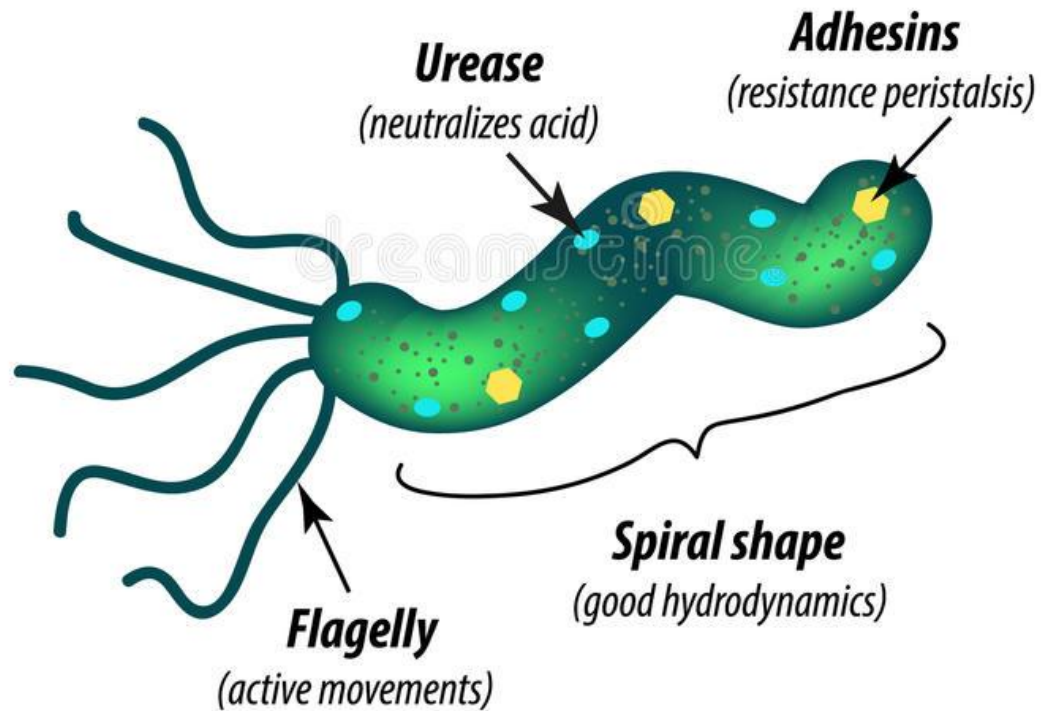
# ETIOLOGY

- *Helicobacter pylori* is the main reason of development of the chronic



VIRU

## The structure of *Helicobacter pylori*



# PATHOGENICITY OF HELICOBACTER PYLORI

VacA cytotoxin and ammonia-vacuolization of epithelial cells and their death

phospholipase A and C disrupt the integrity of cell membranes

causes inflammation

increased gastrin and pepsinogen

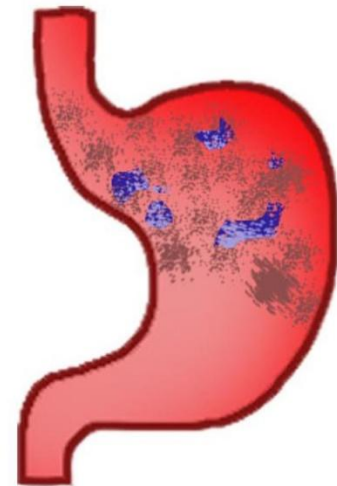
# AUTOIMMUNE ATROPHIC GASTRITIS

- is a chronic inflammatory disease in which the immune system mistakenly destroys a special type of cell (parietal cells) in the stomach. Parietal cells make stomach acid (gastric acid) and a substance our body needs to help absorb vitamin B<sub>12</sub> (called intrinsic factor). The progressive loss of parietal cells may lead to iron deficiency and finally vitamin B<sub>12</sub> deficiency.

# PROCESS OFTEN IS LOCATED IN THE CORPUS AND FUNDUS

Automimmune  
gastritis:

Corpus-fundus  
restricted atrophic  
gastritis

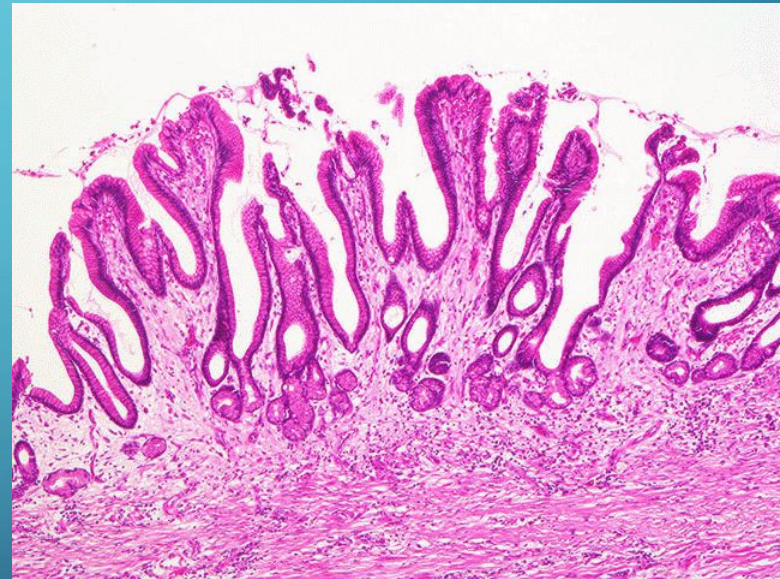


# CHEMICAL REACTIVE GASTRITIS

- Nonspecific reactive epithelial changes in response to variety of gastric mucosal irritants.

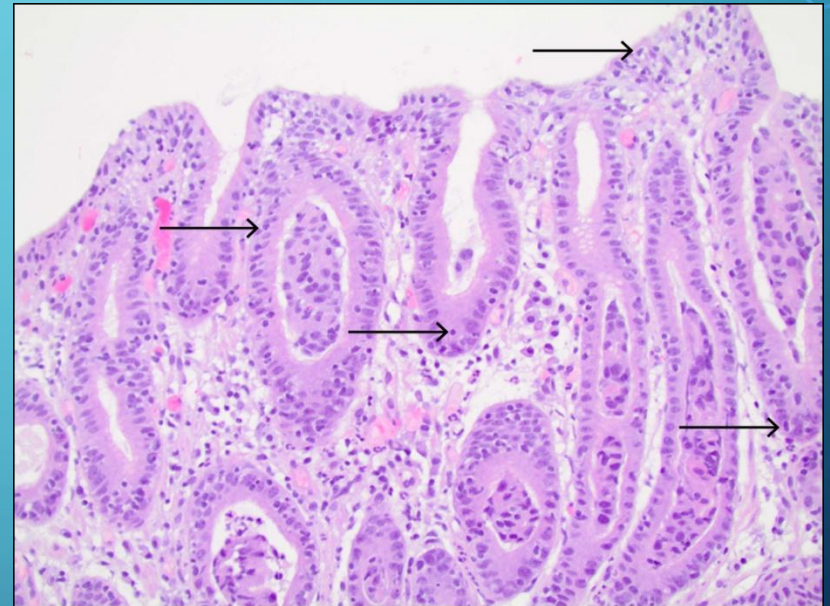
## Reasons:

- Reflux of alkaline duodenal contents
- Chronic usage of NSAIDs and corticosteroids
- The main sign-death of the glands of the mucous membrane. The development of hyperplasia and fibrosis



# LYMPHOCYTIC GASTRITIS

- LG is an uncommon chronic gastritis characterized by lymphocytosis of foveolar and surface epithelium. Etiology and pathogenesis are still unknown. Might be due to immune reaction on unclassified antigens.



T-cell lymphocytic infiltration

# EOSINOPHILIC GASTRITIS

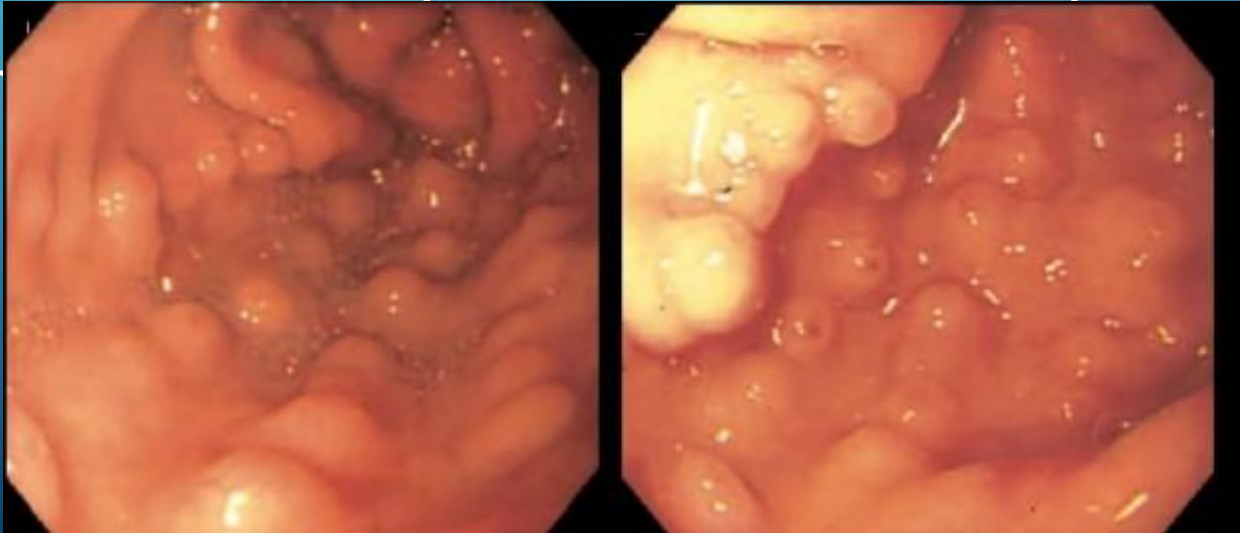
- Unknown etiology. Bronchial asthma, eczema in the history



# GRANULOMATOUS GASTRITIS

- Granulomatous gastritis can be a manifestation of some systemic diseases.
- With Crohn's disease, ulceration of the mucosa,

gran



# GIANT HYPERTROPHIC GASTRITIS

- Etiology and pathogenesis are unknown
- Giant hypertrophic gastritis (GHG) is a general term for inflammation of the stomach due to the accumulation of inflammatory cells in the inner wall (mucosa) of the stomach resulting in abnormally large, coiled ridges or folds that resemble polyps in the inner wall of the stomach (hypertrophic gastric folds).

# CLINICAL PICTURE

- Chronic non-atrophic gastritis
- 1. Pain syndrome
  - Pain in the epigastric area and on an empty stomach
- 2. Dyspeptic syndrome
  - heartburn, sour eructations, nausea, vomiting with gastric acidic reaction content

# ATROPHIC GASTRITIS

- + vitamin B<sub>12</sub> deficiency
- heaviness in the epigastric area, a feeling of overeating, stomach overflow, burping food and air, an unpleasant aftertaste in the mouth, a decrease in appetite, flatulence, unstable stools



# CHEMICAL GASTRITIS

- triad of symptoms:
- pain
- vomiting
- weight loss



# GIANT HYPERTROPHIC GASTRITIS

- pain in the epigastric region, often aching
- Occur after eating, a feeling of heaviness in the stomach.
- Vomiting and diarrhea are possible.
- Decreased appetite.
- Losing weight.
- Peripheral edema.

# LAB AND INSTRUMENTAL DIAGNOSTICS

- X-ray
- with chronic violation of the patency of the duodenum, the contrast mass is more than 45 s, the lumen expansion

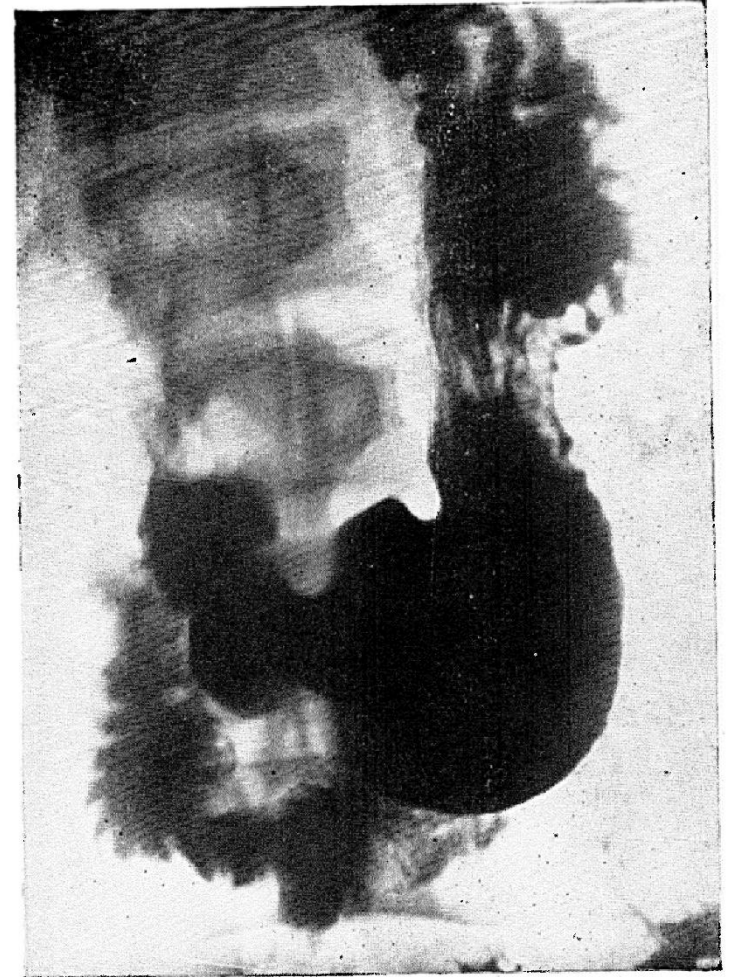


Рис. 23. Дискинезия двенадцатиперстной кишки. Дуоденостаз.

- localization in the body with a very rare spread below it. Thickened and deformed folds are connected among themselves by a large number of connecting paths, due to which an atypical large-scale relief is formed. By the large curvature, a coarse serration occurs.

Рис 39 Прицельная рентгенограмма желудка. Избыточная слизистая оболочка (локальная форма болезни Менетрие)



# FIBROGASTRODUODENOSCOPY

- non-atrophic gastritis. Mucous membrane is shiny, edematic, hyperemia, hemorrhages are possible.



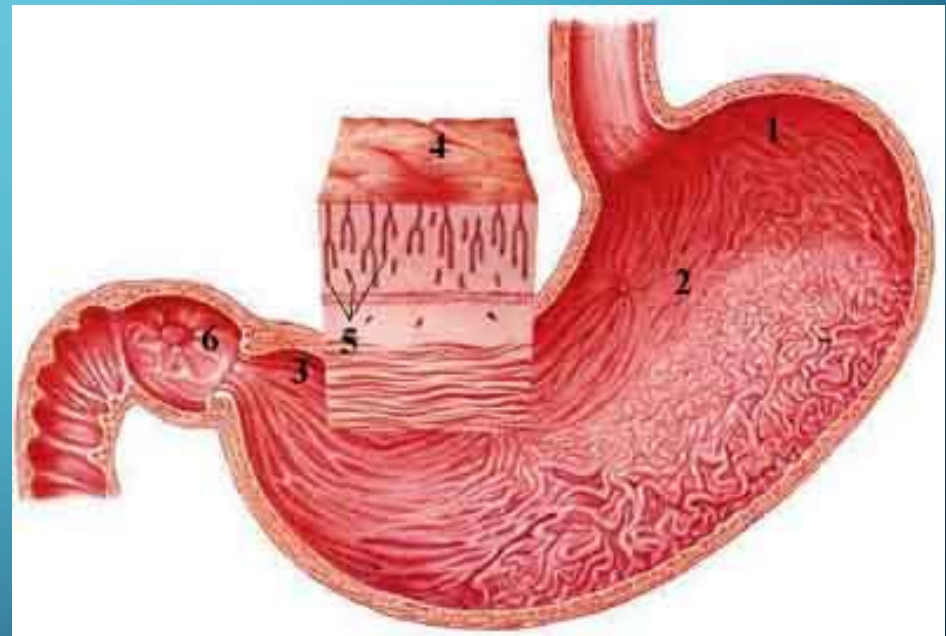
# ATROPHIC GASTRITIS.

- The mucous membrane is thinned, pale gray, with translucent blood vessels, the relief is smoothed



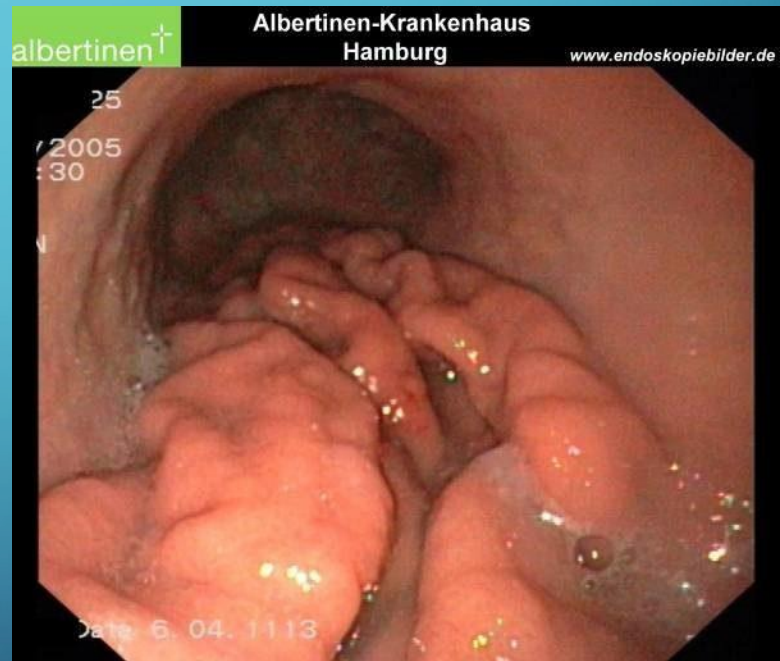
# CHEMICAL GASTRITIS

- The gatekeeper gapes, the mucous membrane is hyperemic, edematic. Bile in the stomach. Erosion



# DISEASE MENETRIES.

- giant folds, a lot of mucus, vulnerable mucous membrane, erosion, hemorrhage



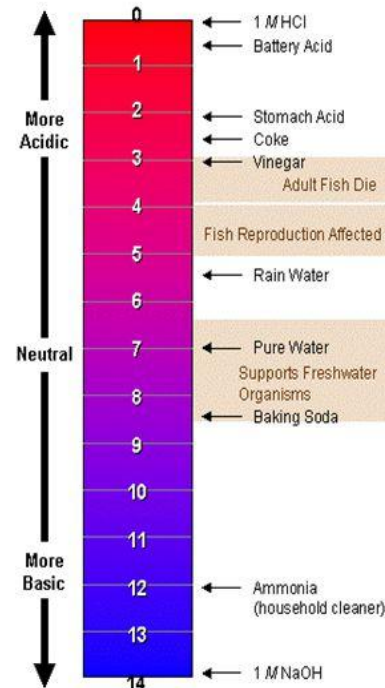
# STUDY OF SECRETORY FUNCTION OF THE STOMACH

## The pH scale

The pH scale is used to measure how acidic or basic a solution is.

The lower the pH, the more acidic the solution.

The higher the pH, the more basic the solution.



# REVEALING HELICOBACTER PYLORI

## Методы диагностики заболеваний, вызванных *Helicobacter pylori*

|                             |                                                                                                                                   |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Бактериологический          | Выделение возбудителя                                                                                                             |
| Гистологический             | Выявление возбудителя в гистологических срезах биоптатов                                                                          |
| Уреазный                    | Определение биохимической активности возбудителя в биоптатах                                                                      |
| Дыхательный тест            | Определение уреазной активности возбудителя в желудке больного при помощи изотопов углерода ( $^{13}\text{C}$ , $^{14}\text{C}$ ) |
| Иммунологический            | ИФА, определение антигенов возбудителя в фекальных массах                                                                         |
| Цепная полимеразная реакция | Материал из биоптатов                                                                                                             |

# DIFFERENTIAL DIAGNOSTICS

- Chronic multifocal atrophic gastritis
- Chronic autoimmune atrophic gastritis
- Stomach ulcer
- Gastric adenocarcinoma

# TREATMENT



| Нозология                                                                       | Рекомендации                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Хронический поверхностный (антральный) <i>H. pylori</i> ассоциированный гастрит | <p><b>Эрадикационная терапия (10-14 дней):</b></p> <p><b>Терапия первой линии:</b></p> <p>1) 3-х компонентная схема: ИПП + амоксициллин + кларитромицин</p> <p>2) Квадротерапия без висмута: ИПП+амоксициллин+кларитромицин + нитроимидазол</p> <p><b>Терапия второй линии (10-14 дней)</b></p> <p>1) 3-х компонентная схема: ИПП+амоксициллин+фторхинолон</p> <p>2) Квадротерапия без висмута: ИПП+амоксициллин+кларитромицин + нитроимидазол [9,10] (УД А).</p> <p><b>Эффективность лечения повышается при:</b></p> <p>1) Назначении дважды в день повышенной дозы ИПП (удвоенной стандартной) [11,12] (УД В).</p> <p>2) при 14-дневной терапии увеличение частоты эрадикации более значительно, чем при 10-дневной [11,12,13] (УД С). Эрадикационная терапия <i>H. pylori</i> может приводить к развитию антибиотико-ассоциированной диареи [14] (УД С). Добавление к стандартной тройной терапии пробиотика <i>Saccharomyces boulardii</i> (энтерол по 250 мг 2 раза в сутки) повышают скорость эрадикации <i>H. pylori</i> [14,15,16] (УД Д).</p> |
| Хронический мультифокальный атрофический гастрит                                | <p>При выявлении <i>H. pylori</i> – эрадикационная терапия первой или второй линии (УД А) [17,18].</p> <p>При гипохлоргидрии – заместительная терапия, полиферментные препараты [19].</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Хронический аутоиммунный атрофический                                           | <p>При секреторной недостаточности – полиферментные препараты [19].</p> <p>Введение витамина В12 внутримышечно в дозе 200-500 мкг в</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

THANKS FOR ATTENTION

