

Other forms of gastritis

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Eosinophilic gastritis appears to have an allergic basis and is treated with steroids and cromoglycate. Granulomatous gastritis is seen rarely in Crohn's disease and also may be associated with tuberculosis. Acquired immunodeficiency syndrome (AIDS) gastritis is secondary to infection with cryptosporidiosis. Phlegmonous gastritis is a rare bacterial infection of the stomach found in patients with severe intercurrent illness. It is usually an agonal event. Although the name 'peptic' ulcer suggests an association with pepsin, this is essentially unimportant as, in the absence of acid, peptic ulcers do not occur. Nearly all peptic ulcers can be healed by using PPIs, which can render a patient virtually achlorhydric. Common sites for peptic ulcers are the first part of the duodenum and the lesser curve of the stomach, but they also occur on the stomach following gastric surgery, in the oesophagus and even in a Meckel's diverticulum, which contains ectopic gastric epithelium. In general, the ulcer occurs at a junction between different types of epithelia, in the epithelium least resistant to acid damage. In the past, much distinction has been made between acute and chronic peptic ulcers, but this difference can sometimes be difficult to determine clinically. It is probably best to consider that there is a spectrum of disease from the superficial gastric and duodenal ulceration, frequently seen at endoscopy, to deep chronic penetrating ulcers. This does not minimise the importance of acute stress ulceration. These ulcers can both perforate and bleed. For many years, the cause of peptic ulceration remained an enigma. When comparing groups of patients with duodenal and prepyloric peptic ulcers with normal subjects, gastric acid levels are higher, but the overlap is considerable. Patients with gastric ulceration have relatively normal levels of gastric acid secretion. It is clear that acid is important as peptic ulceration occurs in the presence of very high acid levels, such as those found in patients with a gastrinoma (Zollinger-Ellison syndrome), and ulcers heal in the absence of acid. In patients with a gastrinoma it may be the only aetiological factor, but this is not the case in the majority of patients.

Summary box 67.4 Peptic ulceration

H. pylori

Johann Friedrich Meckel (the younger), 1781–1833, Professor of Anatomy and Surgery, Halle, Germany, described the diverticulum in 1809. Robin Milton Zollinger, 1903–1992, Professor of Surgery, Iowa State University, Columbus, OH, USA. Edwin Homer Ellison, 1918–1970, Professor of Surgery, Marquette University, Milwaukee, WI, USA.

consumption of NSAIDs are the most important factors in the development of peptic ulceration. Cigarette smoking predisposes to peptic ulceration and increases the relapse rate after treatment.

Most peptic ulcers are caused by H. pylori or NSAIDs and changes in epidemiology mirror changes in these principal aetiological factors. Duodenal ulcers are more common than gastric ulcers, but the symptoms are indistinguishable. Gastric ulcers may be malignant and an ulcerated gastric cancer may mimic a benign ulcer. Gastric antisecretory agents and eradication therapy are the mainstays of treatment, and elective surgery is very rarely performed. The long-term complications of peptic ulcer surgery may be difficult to treat. The common complications of peptic ulcers are perforation, bleeding and stenosis. The treatment of the perforated peptic ulcer is primarily surgical, although some patients may be managed conservatively.

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