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ORIGIN AND TREATMENT OF GASTRITIS

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Annotation: Gastritis is a general term for a group of conditions with one thing in common: Inflammation of the lining of the stomach. The inflammation of gastritis is most often the result of infection with the same bacterium that causes most stomach ulcers or the regular use of certain pain relievers. Drinking too much alcohol also can contribute to gastritis.

Key words: Gastritis, duodenum, jujenum, blood.

Gastritis may occur suddenly (acute gastritis) or appear slowly over time (chronic gastritis). In some cases, gastritis can lead to ulcers and an increased risk of stomach cancer. For most people, however, gastritis isn't serious and improves quickly with treatment.

Nearly everyone has had a bout of indigestion and stomach irritation. Most cases of indigestion are short-lived and don't require medical care. See your health care provider if you have signs and symptoms of gastritis for a week or longer.

Seek medical attention immediately if you have severe pain, if you have vomiting where you cannot hold any food down, or if you feel light-headed or dizzy. Tell your doctor if your stomach discomfort occurs after taking prescription or over-the-counter drugs, especially aspirin or other pain relievers.

If you are vomiting blood, have blood in your stools or have stools that appear black, see your doctor right away to determine the cause.

Gastritis is an inflammation of the stomach lining. Weaknesses or injury to the mucus-lined barrier that protects the stomach wall allows digestive juices to damage and inflame the stomach lining. A number of diseases and conditions can increase the risk of gastritis, including inflammatory conditions, such as Crohn's disease. Factors that increase your risk of gastritis include:

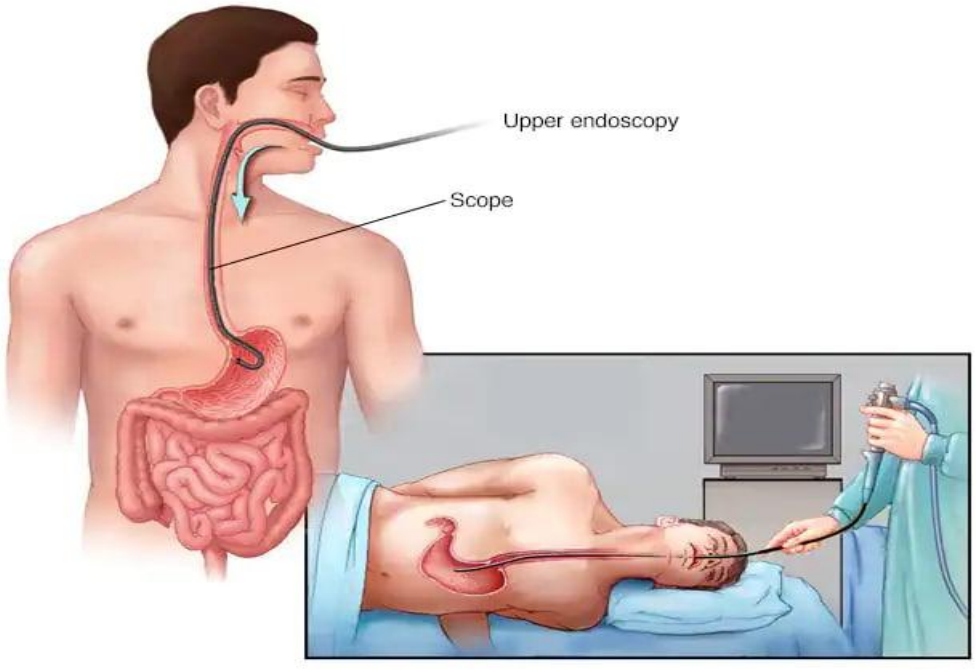
- Bacterial infection. Although infection with Helicobacter pylori is among the most common worldwide human infections, only some people with the infection develop gastritis or other upper gastrointestinal disorders. Doctors believe vulnerability to the bacterium could be inherited or could be caused by lifestyle choices, such as smoking and diet.
- Regular use of pain relievers. Pain relievers commonly referred to as nonsteroidal anti-inflammatory drugs (NSAIDS) — such as ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve, Anaprox DS) — can cause both acute gastritis and chronic

gastritis. Using these pain relievers regularly or taking too much of these drugs may reduce a key substance that helps preserve the protective lining of your stomach.

- Older age. Older adults have an increased risk of gastritis because the stomach lining tends to thin with age and because older adults are more likely to have H. pylori infection or autoimmune disorders than younger people are.
- Excessive alcohol use. Alcohol can irritate and erode your stomach lining, which makes your stomach more vulnerable to digestive juices. Excessive alcohol use is more likely to cause acute gastritis.
- Stress. Severe stress due to major surgery, injury, burns or severe infections can cause acute gastritis.
- Cancer treatment. Chemotherapy drugs or radiation treatment can increase your risk of gastritis.
- Your own body attacking cells in your stomach. Called autoimmune gastritis, this type of gastritis occurs when your body attacks the cells that make up your stomach lining. This reaction can wear away at your stomach's protective barrier.

  Autoimmune gastritis is more common in people with other autoimmune disorders, including Hashimoto's disease and type 1 diabetes. Autoimmune gastritis can also be associated with vitamin B-12 deficiency.

- Other diseases and conditions. Gastritis may be associated with other medical conditions, including HIV/AIDS, Crohn's disease, celiac disease, sarcoidosis and parasitic infections.



Picture 1 . Endoscopy

An endoscopy procedure involves inserting a long, flexible tube called an endoscope down your throat and into your esophagus. A tiny camera on the end of the endoscope allows views of your esophagus, stomach and the beginning of your small intestine, called the duodenum.

Although your doctor is likely to suspect gastritis after talking to you about your medical history and performing an exam, you may also have one or more of the following tests to pinpoint the exact cause.

Tests for H. pylori. Your doctor may recommend tests — such as a stool test or breath test — to determine whether you have the bacterium H. pylori. Which type of test you undergo depends on your situation.For the breath test, you drink a small glass of clear, tasteless liquid that contains radioactive carbon. H. pylori bacteria break down the test liquid in your stomach. Later, you blow into a bag, which is then sealed. If you're infected with H. pylori, your breath sample will contain the radioactive carbon.Using a scope to examine your upper digestive system (endoscopy). During endoscopy, your doctor passes a flexible tube equipped with a lens (endoscope) down your throat and into your esophagus, stomach and small intestine. Using the endoscope, your doctor looks for signs of inflammation. Depending on your age and medical history, your doctor may recommend this as a first test instead of testing for H. pylori.If a suspicious area is found, your doctor may remove small tissue samples (biopsy) for laboratory examination. A biopsy can also identify the presence of H. pylori in your stomach lining.X-ray of your upper digestive system. Sometimes called a barium swallow or upper gastrointestinal series, this series of X-rays creates images of your esophagus, stomach and small intestine to look for anything unusual. To make an ulcer more visible, you may swallow a white, metallic liquid (containing barium) that coats your digestive tract.

Treatment of gastritis depends on the specific cause. Acute gastritis caused by nonsteroidal anti-inflammatory drugs or alcohol may be relieved by stopping use of those substances.

Medications used to treat gastritis include:

Antibiotic medications to kill H. pylori. For H. pylori in your digestive tract, your doctor may recommend a combination of antibiotics, such as clarithromycin (Biaxin XL) and amoxicillin (Amoxil, Augmentin, others) or metronidazole (Flagyl), to kill the bacterium. Be sure to take the full antibiotic prescription, usually for 7 to 14 days, along with medication to block acid production. Once treated, your doctor will retest you for H. pylori to be sure it has been destroyed.Medications that block acid production and promote healing. Proton pump inhibitors reduce acid by blocking the action of the parts of cells that produce acid. These drugs include the prescription and over-the-counter medications omeprazole (Prilosec), lansoprazole (Prevacid), rabeprazole (Aciphex), pantoprazole (Protonix) and others.Long-term use of proton pump inhibitors, particularly at high doses, may increase your risk of hip, wrist and spine fractures. Ask your doctor whether a calcium supplement may reduce this risk.Medications to reduce acid production. Acid blockers — also called histamine (H-2) blockers — reduce the amount of acid released into your digestive tract, which relieves gastritis pain and encourages healing. Available by prescription or over the counter, acid blockers include famotidine (Pepcid), cimetidine (Tagamet HB) and nizatidine (Axid AR).Medications that neutralize stomach acid. Your doctor may include an antacid in your drug regimen. Antacids neutralize existing stomach acid and can

provide rapid pain relief. Side effects can include constipation or diarrhea, depending on the main ingredients. These help with immediate symptom relief but are generally not used as a primary treatment. Proton pump inhibitors and acid blockers are more effective and have fewer side effects.

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