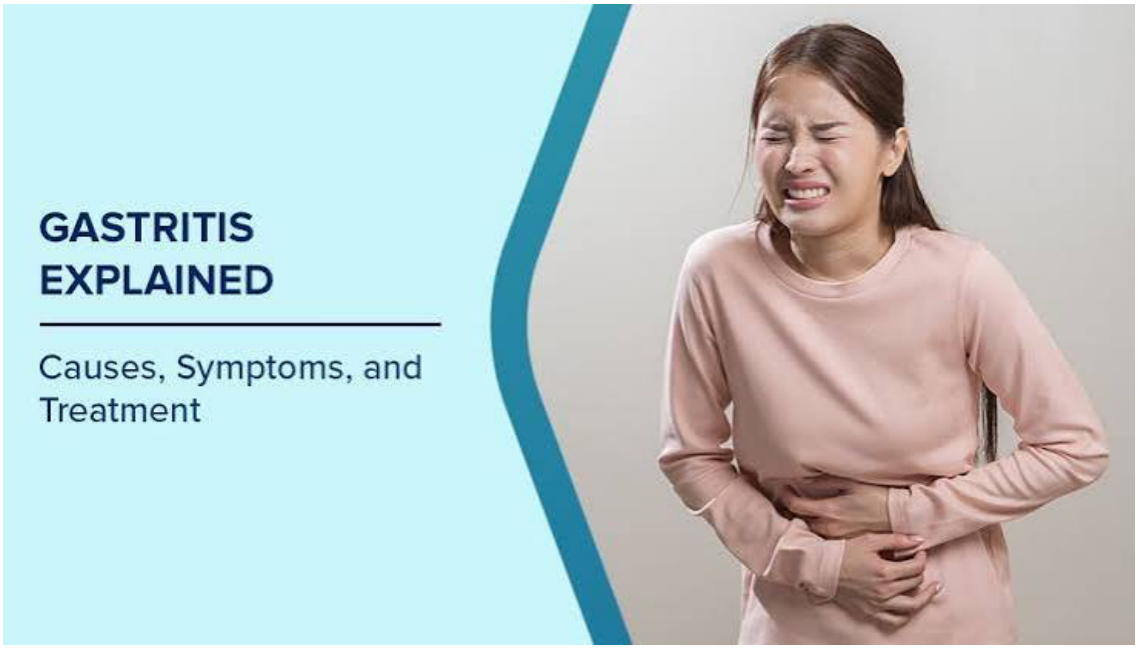
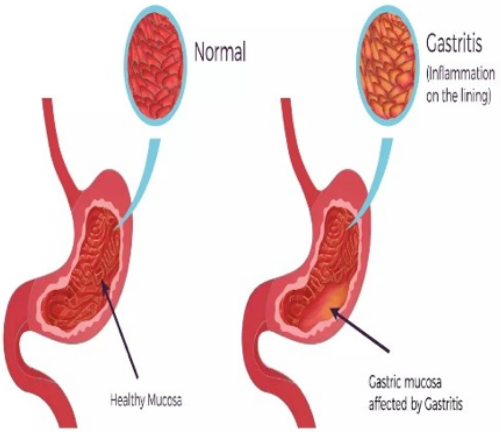


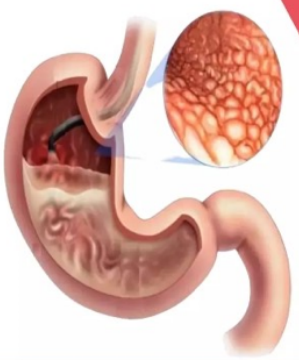
DR Arash miroliaee
Assistant professor

INTRODUCTION



- Gastritis is a condition of the stomach where the inner lining becomes inflamed.
- Gastric- refers to stomach and itis- refers to inflammation.
- 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.

DEFINITION



Gastritis is an inflammation of the gastric or Stomach mucosa

- Brunner & Suddarth's

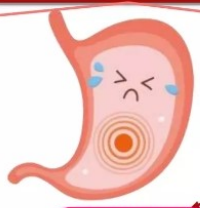
Inflammation of the whole stomach is called PANGASTRITIS and an inflammation of a part of stomach is called ANTRAL GASTRITIS.

INCIDENCE

- It affects women and men equally and is more common in Older adults. Acute (sudden) gastritis affects about 8 out of every 1,000 people. Chronic, long-term gastritis is less common. It affects approximately 2 out of 10,000 people.
- In Bangladesh the prevalence of Helicobacter pylori infection is common and it is 60% and the highest rate of H. Pylori is found in the age group of 41 – 50 years.

TYPES OF GASTRITIS

GASTRITIS



BASED ON TIME OF COURSE

- **ACUTE GASTRITIS**
- **CHRONIC GASTRITIS**

BASED ON PATHOLOGIC MANIFESTATION

- **EROSIVE GASTRITIS**
  It causes both inflammation and erosion (wearing away) of the stomach lining. This condition is also known as reactive gastritis. It is typically acute, manifesting with bleeding
- **NONEROSIVE GASTRITIS**
  Inflammation of the stomach lining without erosion or compromising the stomach lining.

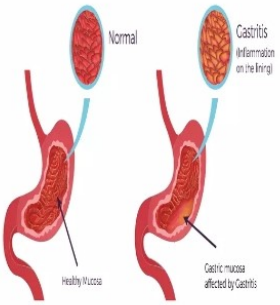
ACUTE GASTRITIS

DEFINITION

Acute gastritis is a sudden inflammation of the lining of the stomach.

TYPES

1. **Acute superficial gastritis** ***(Damage of the superficial Mucosal Lining)***
2. **Acute Erosive gastritis** ***(the stomach lining is inflamed, and over time, the stomach's protective lining will begin to erode.)***
3. **Acute gastric ulceration** **(*ulceration of the gastric mucosa into the submucosa immediately following a major insult such as severe trauma, shock, septic shock, severe burns (Curling Ulcers), or massive head trauma (Cushing Ulcers).***

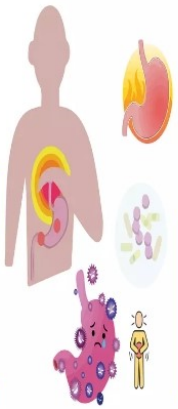


ACUTE GASTRITIS

ETIOLOGY AND RISK FACTORS

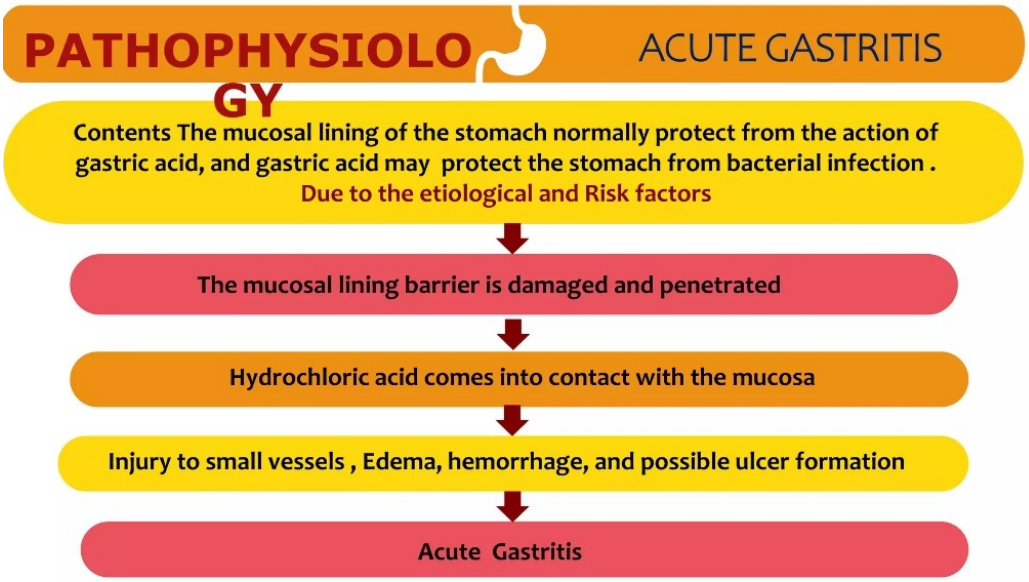
4. Food substances including excessive amounts of tea, paprika, clove and pepper can precipitate acute gastritis. 5.Foods with a rough texture or those eaten at an extremely high temperature can also damage the stomach mucosa.

1. Ingestion of a corrosive, erosive, or infectious substance, acute alcoholism and food poisoning (typically caused by Staphylococcus organisms) are common causes.Alhoism



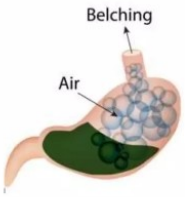
6. The most common cause of acute gastritis are pathogens include Helicobacter pylori, E.Coli, Proteus, Haemophilus, Streptococci and Staphylocci.

2.Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), digitalis, chemotherapeutic drugs, steroids. 3. HIV infection, Major traumatic injuries, Burns, Major surgery.


PATHOPHYSIOLOGY
ACUTE GASTRITIS
Contents The mucosal lining of the stomach normally protect from the action of gastric acid, and gastric acid may protect the stomach from bacterial infection .
Due to the etiological and Risk factors
The mucosal lining barrier is damaged and penetrated
Hydrochloric acid comes into contact with the mucosa
Injury to small vessels , Edema, hemorrhage, and possible ulcer formation
Acute Gastritis

CLINICAL MANIFESTATION — ACUTE GASTRITIS

Epigastric Discomfort Like Burning or Aching Pain ,Belching , Reflux, Severe nausea Vomiting and some times Hematemesis



Diarrhea within five hours of ingestion of the offending substance

DIAGNOSTIC EVALUATION

ACUTE GASTRITIS

History collection

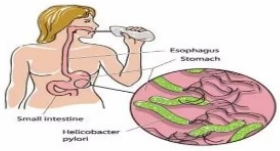
Collect detailed history of food intake, medications taken, and any disorder related to gastritis

Gastroscopic Examination (Endoscopy)

The physician done endoscopy to visualize the stomach

Histologic Examination

It is done by biopsy of a sample to find out the exact causative organism.



H. Pylori Breath test or Urea breath test

H. pylori produces an enzyme called urease, which breaks urea down into ammonia and carbon dioxide. During the test, a tablet containing urea is swallowed and the amount of exhaled carbon dioxide is measured. This indicates the presence of H. pylori in the stomach..

MANAGEMENT ACUTE GASTRITIS

MEDICAL MANAGEMENT

- ✓ Anti – emetic drugs like Inj. Perinorm or Tab. Domperidone are frequently effective in vomiting.
- ✓ Antacids like cimetidine, Ranitidine, or Famotidine are effective to reduce the pain.
- ✓ If ingestion of NSAIDs is a problem, a prostaglandin E1 (PGE1) analog may be prescribed to protect the stomach mucosa and inhibit gastric acid secretion.

MANAGEMENT ACUTE GASTRITIS

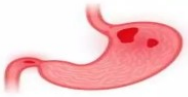
DIATERY MANAGEMENT

- ✓ Initially foods and fluids are withheld until nausea and vomiting subside.
- ✓ Once the client tolerates food, the diet includes decaffeinated tea, gelatin, toast, and simple bland foods.
- ✓ The client should avoid spicy foods, caffeine and large, heavy meals.
- ✓ In the continued absence of nausea, vomiting and bloating, the client can slowly return to a normal diet

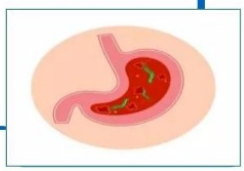
CHRONIC GASTRITIS

ETIOLOGY AND RISK FACTORS

Peptic Ulcer Disease, Chronic stress



Infection with Helicobacter pylori bacteria



After gastric resection with a gastro- jejunostomy, bile and bile acids may reflux into the remaining stomach, causing gastritis.

Excessive alcohol consumption, Age is also a risk factor; chronic gastritis is more common in older adults.

CLINICAL MANIFESTATION CHRONIC GASTRITIS

Gnawing or Burning ach or pain , vague epigastric pain , Belching,

Dyspepsia

Intolerance of spicy or fatty foods,

Nausea , Vomiting, Loss of appetite, Bleeding, Pernicious anemia

Weight Loss

DIAGNOSTIC EVALUATION CHRONIC GASTRITIS

History Collection

Collect detailed history of peptic ulcer, gastro- jejunostomy , medications taken, and alcoholism etc..,

Physical Examination

Physical examination of the abdomen.

Urea Breath Test

To check for *H. pylori* infections

Stool Test

To look for stomach bleeding and H. Pylori.

Blood Test

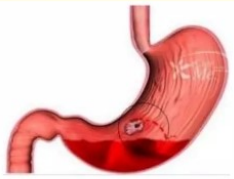
To find antibodies that mistakenly provoke an immune response against cells in a person's own stomach, and to check for anemia

Endoscopy

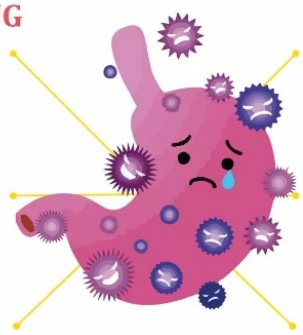
The doctor can examine the stomach lining for signs of inflammation and take a small tissue sample (biopsy) to test for *H. pylori*..

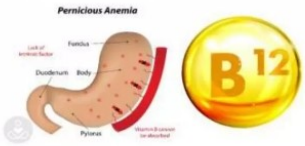
COMPLICATION OF CHRONIC GASTRITIS

GASTRIC BLEEDING



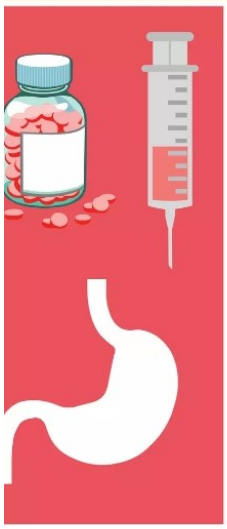
PERNICIOUS ANEMIA





GASTRIC CANCER

MANAGEMENT CHRONIC GASTRITIS



MEDICAL MANAGEMENT

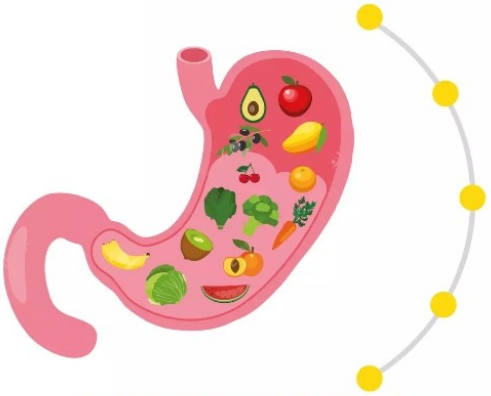
Antibiotics : For H. Pyloric infection
(Amoxicillin, Clarithromycin, Metronidazole, Tetracycline)

H_2 Receptor Antagonists
To Decrease amount of HCL produced by stomach by blocking the action of histamine (Ranitidine, Nizatidine, Cimetidine)

Proton pump inhibitors
Decrease gastric acid secretion by slowing the H^+ , K^+ ATP ase pump (Omeprazole, Pantoprazole,)

Prostaglandin E_1 Analogue
Synthetic prostaglandin to protect gastric mucosa from the agent cause ulcer (Misoprostol). Create a viscous substance in the presence of gastric acid that form a protective barriers (Sucralfate)

DIATERY MANAGEMENT FOR CHRONIC GASTRITIS



The clients are advised to take

High fiber foods, such as whole grains, fruits, vegetables, and beans

- low fat foods, such as fish, lean meats, and vegetables
- foods with low acidity, including vegetables and beans
- noncarbonated drinks
- caffeine-free drinks

MANAGEMENT CHRONIC GASTRITIS

NURSING MANAGEMENT FOR GASTRITIS

Reducing Anxiety : The patient may be anxious because of pain and planned treatment modalities. The nurse uses a calm approach to assess the patient and to answer all questions as completely as possible.

Promoting Optimal Nutrition :

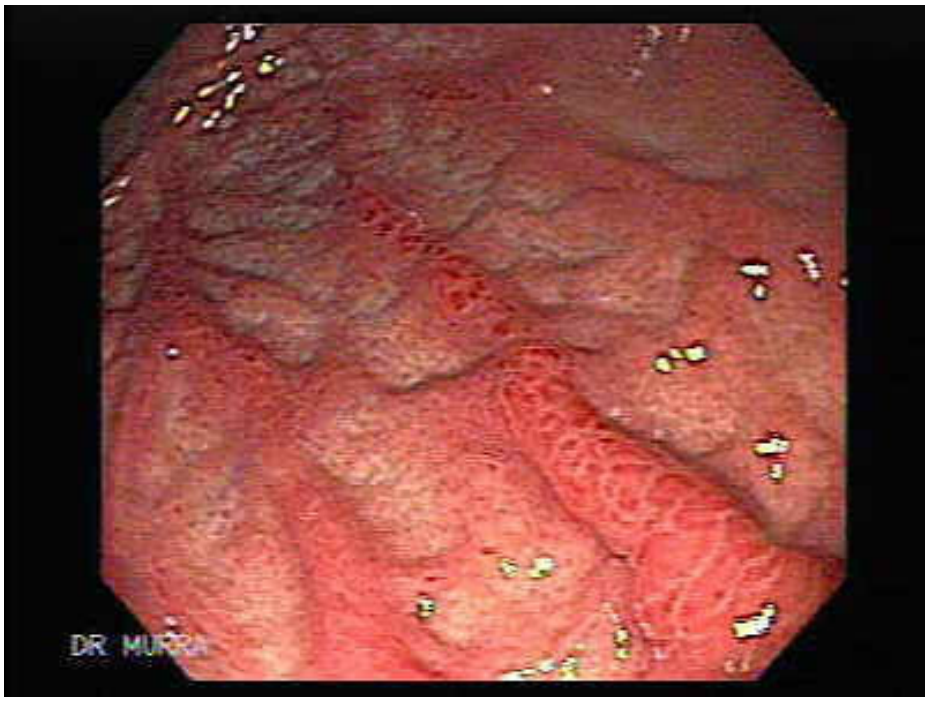
As soon as possible introduce solid food to decrease the need of Iv therapy.
Advised the client to avoid caffeinated beverages because it increase gastric activity and pepsin secretion.
Discourage Alcohol intake and Cigarette smoking.

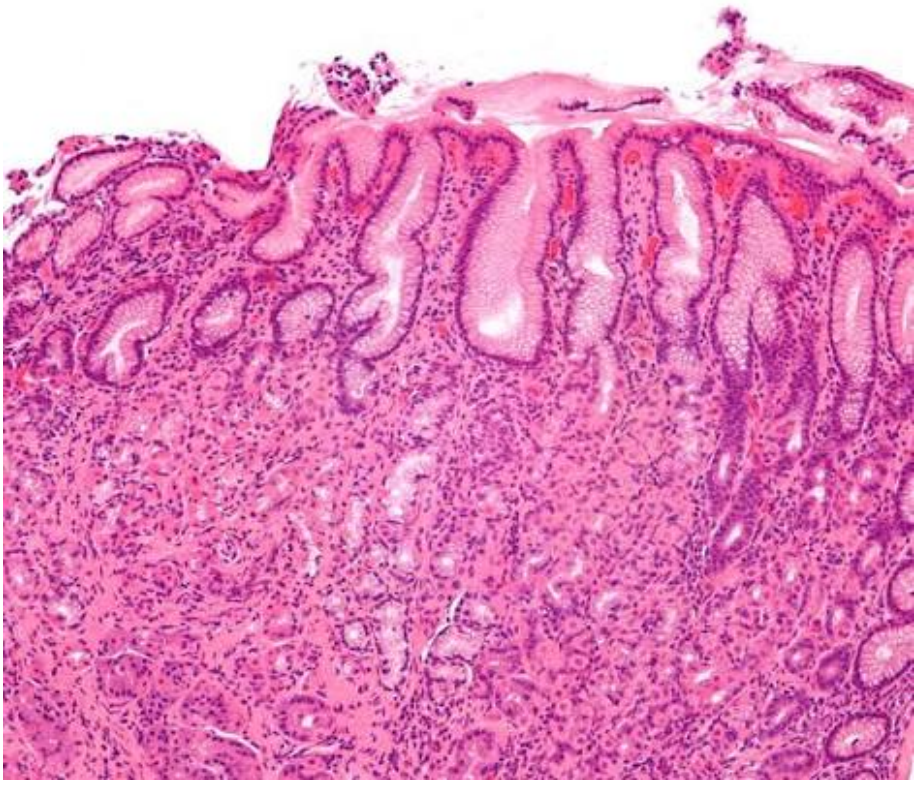
Promoting Fluid Balance :

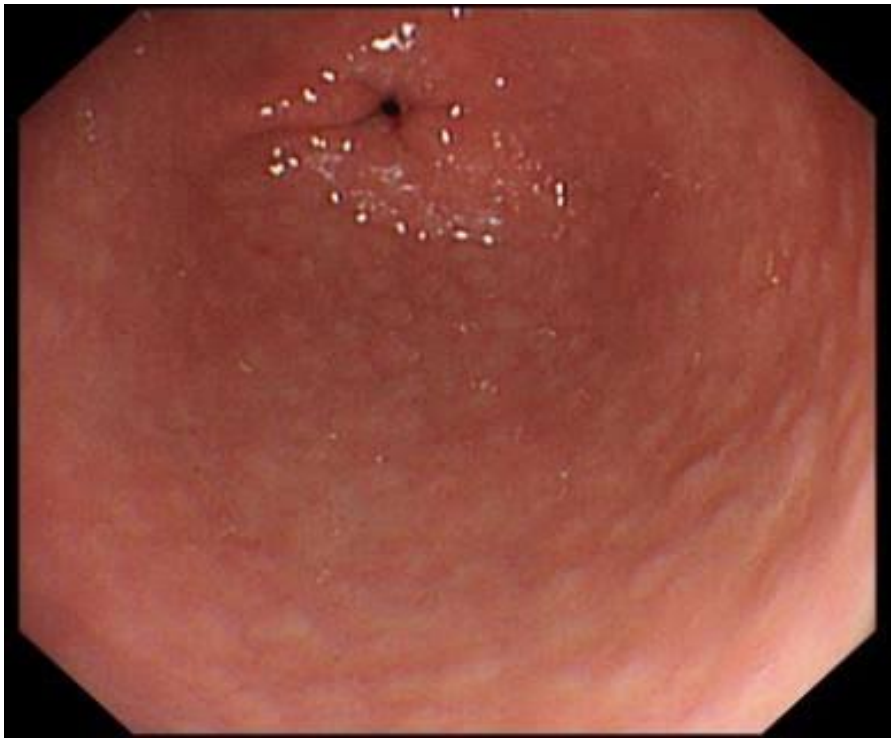
Administer IV fluids (min 1.5 liter per day) and monitor fluid intake and output (0.5 ml /kg/h) along with serum electrolyte value.

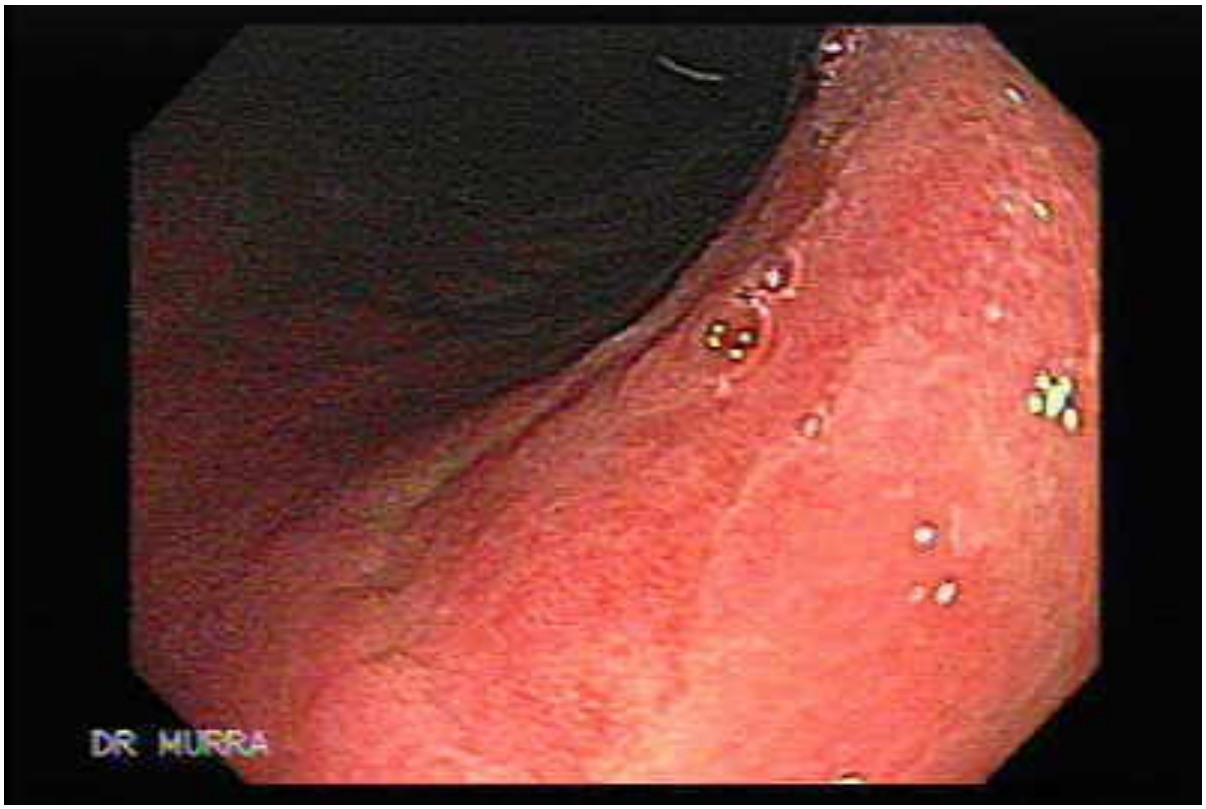
Relieving Pain :

Instruct the client to avoid the foods that irritate gastric mucosa
Administer the prescribed medication. (Aluminum hydroxide with magnesium carbonate) which produces soothing form .


DR MURRA



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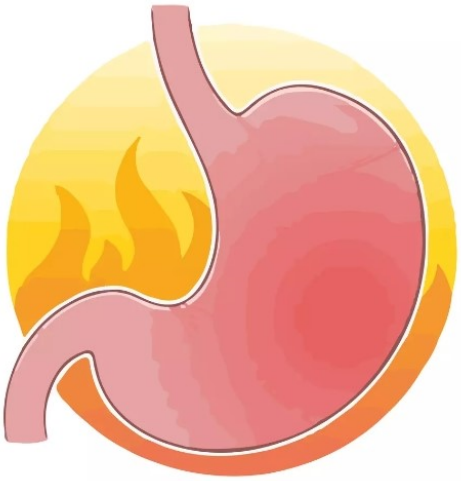

Thank You