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# Histological Findings in Endoscopically Detected Gastritis

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**Abstract:** Unfortunately, the term "gastritis" has been incorrectly used to refer to various diseases of the upper abdominal cavity, but true gastritis refers to inflammation of the stomach lining (stomach lining). All or part of the gastric mucosa may be involved.Gastritis or inflammation of the gastric mucosa is one of the most common human diseases. According to statistics, about 80-90% of people have experienced an episode of the disease at least once in their lives. In old age, 70-90% of people suffer from various forms of gastritis. The chronic form of gastritis can develop into peptic ulcers, stomach cancer . Gastritis can be acute and chronic. Acute gastritis can be characterized as erosive (injured areas where cells of the mucous membrane are destroyed or lost) and unpleasant. Chronic gastritis is characterized by histopathology (appearance of the gastric mucosa) with long-lasting symptoms . Although many proposals have been made, there is no generally accepted classification system. This information is focused on true gastritis.

**Keywords:** Gastritis, endoscopically, Helicobacter pylori (Hp).

**Prerequisites and goals.** Gastritis is macroscopic changes ingastric mucosa. The correlation between macroscopic and microscopic features of gastritis is still not well established. In this study,We aimed to identify the relationship between endoscopic appearance and histological findings in patients with gastritis **.**

**Materials and Methods:** One One hundred and thirty-one patients who underwent upper gastrointestinal endoscopy for dyspepsia between January 2005 and March 2006 were included in this study . Endoscopic classification of gastritis was carried out.

**According to the Sydney system.** Two samples from the antrum and body were obtained using standard size biopsy forceps. Histological examination was carried out by an expert gastroenterologist according to the Sydney system.

**Results.** A statistically significant relationship was established between endoscopic erythematous body and the presence of Helicobacter pylori ( $p = 0.031$), atrophy ($p = 0.000$) and activation ($p = 0.001$). There was also a statistically significant association between the

endoscopic edematous appearance and the histological presence of Helicobacter pylori ( p = 0.03). There was a statistically significant relationship between endoscopic erythematous antrum and the presence of inflammation ( p = 0.24), Helicobacter pylori (p = 0.29), atrophy

( p = 0.72), activation (p = 0.57) or metaplasia (p = 0.76).

**Conclusions :** the appearance of erythema in the body is a valuable marker of the histological presence of Helicobacter pylori in gastritis, activity and atrophy **.**

**INTRODUCTION AND PURPOSE .** Diffuse macroscopic changes in the gastric mucosa are interpreted as gastritis. There is insufficient information to distinguish endoscopically gastritis caused by Helicobacter pylori (Hp) from other causes using macroscopic assessments, and no consensus has been reached on this issue . HP infection is observed worldwide.However, it has different rates in different population groups of the same country (1). It is believed that about 60% of the world's population is infected with this bacterium. Although almost 100% of carriers of this microorganism will develop gastritis, the lifetime risk of developing a peptic ulcer is 15% . When diagnosing gastritis due to HP or other causes, a more practical and economical method would be to determine the presence and cause of gastritis in the patient only by endoscopic examination, without the need for a biopsy. Considering that in our country a biopsy cannot be performed to establish a final diagnosis for every endoscopic procedure performed for this purpose.

**What is endoscopic determination?**

Because it largely reflects histopathological findings, it is important for the follow-up and treatment of these patients. In this study, endoscopic gastritis histological findings in patients with the diagnosis The aim is to reveal its association With

**MATERIALS AND METHODS**

From January 2004 to March 2005, 131 patients underwent esophagogastroduodenoscopy (EGD) for dyspeptic complaints and were diagnosed with gastritis . The patient was included in the study. Those with a history of gastric surgery

those who have outflow obstruction, those who have received Hp eradication therapy, those who have recently received PPI and antibiotic therapy, those who use non-steroidal anti-inflammatory drugs, and those who have cardiac or other aspirin for long-term prophylaxis users, malignant neoplasms of the esophagus or stomach The study included patients and patients with coagulopathy. not included. Before endoscopic procedures, written consent was obtained from patients stating that biopsies could be taken if necessary. Endoscopically detected gastritis was identified according to the Sydney classification. Sydney gastritis classification (3)

**Endoscopic classification:**

1. Erythematous-exudative gastritis.
2. Superficial erosive gastritis
3. Polypous gastritis with erosions
4. Atrophic gastritis
5. Hemorrhagic gastritis.
6. Biliary gastritis
7. Gastritis with large folds

**Etiological classification:**

1. Autoimmune gastritis (type A).
2. Bacterial-associated gastritis (type B).

3. Developed due to chemotoxic agents (type C).

4. Various types of gastritis

**Classification by localization:**

1. Pangastritis

2. Corporal gastritis

3. Antral gastritis

**Rating:**

Normal, low, medium and high degree

**Histomorphological criteria:**

1. Spicy

2. Chronic

3. Chronically active

Standard size biopsy in all patients And using forceps, spread apart the antrum adjacent to the pylorus. Two biopsies were taken from each cm of area and body. Histopathological evaluation was performed by pathologists experienced in gastrointestinal pathology according to the Sydney system. Statistical analysis Statistical Package for the Social Sciences (SPSS) was used for statistical calculations. The results of statistical analysis were presented as mean ± standard deviation (SD). Student's t test was used to compare numerical data. When necessary, Chi-square or Fisher's exact tests were used to compare proportional data. P.The limit of statistical significance was taken to be less than 0.05 ( $p < 0.05$).

**RESULTS**

84 of the 131 patients included in the study were men.(64.1%), of which 47 were women (35.9%) and average age This amounted to 47.09±14.1 (17-78) years. Symptomatic information about patients is presented in .There was no statistically significant association between endoscopic findings and symptoms.( $p < 0.05$).Gastritis is an inflammation of the gastric mucosa. There are many causes of gastritis, but most of them have similar symptoms . : This has led to some confusion and is the reason why many health care providers view the term "gastritis" as a nonspecific description of a group of symptoms. What causes gastritis? The main cause of acute and chronic gastritis. This is an infection of the stomach lining with the bacterium Helicobacter pylori. Typically, this bacterium first acutely affects the antrum of the stomach (the lining of the stomach without acid-producing cells).7 is infective and over time can infect most or all of the stomach lining (chronic gastritis) and remain there for many years. This infection causes an initial strong inflammatory response, and eventually long-term chronic inflammation can develop as intestinal cells change. Another main cause of acute gastritis is the use of non-steroidal anti-inflammatory drugs. Patients complain of constant periodic pain in the abdomen or chest. When asked, they say that their appetite decreases, an unpleasant taste appears in the mouth, a bitter-sour liquid is released when belching, and sometimes they are bothered by vomiting. It should be noted that all types of gastritis begin with heartburn after eating. The reason for this is that the stomach muscles of a patient with gastritis often contract; when they contract, gastric juice, especially hydrochloric acid, rushes into the lower esophagus and affects the mucous membrane of the esophagus. In this case, in addition to the boil, there is a bitter belching followed by vomiting. There is often a feeling of heaviness in the area under the chest, and when the patient stutters, a taste of eggs is felt in the mouth. The patient's general condition is not very good, his appetite worsens, his ability to work decreases. With gastritis, the patient has a tendency to vomit. That is, food eaten or liquid drunk remains in the stomach due to weakening of the motor function of the stomach. Especially when the stomach is full after eating a large amount of food, its muscles contract and antiperistalsis (reverse movement) occurs. The

food then passes into the lower esophagus and is ready to be expelled . In chronic disease, the upper part of the tongue becomes runny with pain in the chest area. The doctor begins treatment of the patient with the normalization of work and lifestyle. The doctor prescribes individual treatment measures for each patient. The patient should eat small meals 6-5 times a day. It is better to avoid physical and mental stress. When the pain bothers him, he should put a heating pad on his stomach and rest. During the period of remission of the disease, the patient should receive treatment in an outpatient setting under the supervision of a family doctor . The stomach is the most delicate part of the digestive system. It involves at least three complex digestive processes: mechanical mixing of food particles, chemical breakdown of food, and absorption of nutrients.

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