FOLLOW-UP STUDIES OF 36 PATIENTS WITH ATROPHIC GASTRITIS

Hugo Aste, M.D., Samuel Avandano, M.D., Luis Medina, M.D. and Jaime Duclos, M.D.

Department of Gastroenterology, Hospital Naval, VALPARAISO, Chile

Summary.-

The clinical, endoscopical and histological follow-up of 36 patients with atrophic gastritis is presented. The observation period ranged from 3 to 10 years (average 5.6 years). No cases of gastric carcinoma were shown, clinically or gastroscopically. Localized gastric lesions were detected in 7 cases (3 single gastric polyps, 3 cases of xantelasma and 1 case of asymptomatic prepyloric peptic ulcer). The state of the gastric mucosa remained essentially unchanged in the 75% of the rebiopsied patients.

Atrophic lesions of the gastric mucosa are frequently associated with gastric ulcer, polyps, cancer, and with the subtotally resected stomach (1-2). Gastric atrophy is also the underlying cause in the pathogenesis of pernicious anaemia (3). Accumulated data indicate that atrophic gastritis may also play an important role as precursor of some gastric cancers (4-5-6-7). Because of these associations the diagnosis of atrophic gastritis has clinical significance. Atrophic gastritis essentially constitutes a histological entity. The definite diagnosis of atrophic gastritis has been possible only since the development of gastric biopsy (8).

Few reports are available on the clinical, endoscopical and histological evolution of atrophic gastritis. Evidently, prolonged observations of larger comparative series of cases are necessary in order to know the natural history of atrophic gastritis.

The present study concerns the clinical, endoscopical and histological follow-up of a group of patients with atrophic gastritis diagnosed by biopsy, through a variable period of time.

Material and Method

The composition of the original series consisted of 61 patients with histologically diagnosed atrophic gastritis. A follow-up in 36 of them was possible. They included 25 males and 11 females. Their ages when they were first examined ranged from 27 years to 65 years with an average age of 41.5 years.

Roentgenologic examination, gastric biopsy and an augmented histamine test

Key words: atrophic gastritis, gastroscopy, gastric biopsy, xantelasma
were performed in all of them at the first examination. Several of them, 25 cases, had gastroscopy performed but, instruments used in those years were notoriously different from recent endoscopes (Wolf-Schindler flexible gastroscope and Hirschowitz fibergastroscope). Biopsy specimens were taken by blind suction-section from a fluoroscopically localized capsule in fundic mucosa (9); two samples on an average were obtained from each patient. Atrophic gastritis was considered when there was a varying degree of glandular atrophy and usually inflammatory cell reaction of the entire mucosa as well.

No signs of gastric carcinoma, neither gastric ulcer, gastric polyps or pernicious anaemia were detected.

A clinical evaluation and in most of them a gastroscopic examination (30 cases) and gastric biopsy (20 cases) were performed in this series of patients after a varied period of time lasting from 3-10 years (average 5.6 years).

Gastroscopy was performed with gastrocamara (GTF-A) and subsequently with a gastrofiberscope for biopsy (GFB) in cases of localized lesion. Gastric biopsy was done with similar instruments and the histological criteria was the same that the first examination.

**Results**

Of the 36 patients followed up, 3 developed gastric ulcer, 1 hepatic alcoholic liver cirrhosis and 1 hyperthyroidism through the years after the first examination.

The endoscopical results in the 30 patients in whom the examination was performed are exposed in Table No. 1. In 19 patients, mucosa showed typical signs of atrophy, specially localized in the body of the stomach. The mucosa surface appeared more shiny than usual with disappearance of folds and prominence of submucosal vessels. In the other 11 cases the mucosa appeared normal. Localized lesions were seen in 7 patients in the form of 3 cases of xantelasma (1 of them had 3 xantelasms), 3 cases of single gastric polyps (2 polyps in the antrum and 1 polyp in the body) histologically proved to be simple adenoma, and 1 case of asymptomatic prepyloric ulcer. The last was considered benign after total endoscopical regression and absence of malignancy in localized biopsies.

The results of bioptical re-examination are recorded in Table No. 2. It appears that in 15 of 20 patients the state of the gastric mucosa remained essentially unchanged. In 2 patients the mucosa appeared somewhat less atrophic, however, the signs of superficial inflammation were very severe. In 3 patients the atrophic changes progressed, but no complete or almost complete atrophy was shown. No comparative evolution of inflammatory cell infiltration and intestinal metaplasia was done.