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Clinical Characteristics of Gastritis in Digestive Diseases

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Abstract: Gastritis is an inflammation of the mucous membrane of the stomach. Unfortunately, the term "gastritis" has been misused to include a variety of upper abdominal problems, but true gastritis refers to an inflamed stomach lining (stomach lining). All or part of the gastric mucosa can be involved.

Key words: Gastritis, pylorus, Helicobacter pylori, biopsy, endoscopic examinations, immunologic, diet

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 during their life. In old age, 70-90% of people suffer from various forms of gastritis. The chronic form of gastritis can turn into an ulcer disease, stomach cancer. Gastritis can be acute or chronic.

Acute gastritis can be characterized as erosive (injured areas where mucosal cells are destroyed or lost) and displeasing. Chronic gastritis is defined by histopathology (appearance of gastric mucosa) with long-lasting symptoms. although there is no universally accepted classification system. This information focuses on true gastritis. There are many causes of gastritis, but most causes have similar symptoms. This has led to some confusion and is the reason why many medical professionals treat the term "gastritis" as a non-specific description of a cluster of symptoms.

What causes gastritis? The main cause of acute and chronic gastritis is infection of the stomach lining by a type of bacteria called Helicobacter pylori. Usually, this bacterium first acutely infects the gastric antrum (stomach lining without acid-producing cells) and over time can infect most or all of the stomach lining (chronic gastritis) and remain there for 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 intermittent pains in the abdomen or chest area. When asked, they say that their appetite decreases, they have an unpleasant taste in their mouth, bitter-sour liquid comes out when they burp, and sometimes vomiting bothers them. 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 to the lower part of the esophagus and affects the mucous membrane of the esophagus. In such a case, in addition to a boil, there is a bitter belching followed by vomiting. Often there is a feeling of heaviness in the area under the chest, when the patient stutters, the taste of eggs in the mouth is felt. The general condition of the patient will not be very good, his appetite will deteriorate, his ability to work will decrease.

In gastritis, the patient tends to vomit. That is, the food eaten or the liquid drunk remains in the stomach due to the weakening of the movement function of the stomach. Especially when the stomach is full after eating a lot of food, its muscles contract and antiperistalsis (reverse movement) occurs. Then the food passes to the lower part of the esophagus and is ready to be thrown out. When the disease is chronic, the upper part of the tongue is covered with a runny nose with pain in the chest area. When treating a patient, the doctor begins by normalizing 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

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better to avoid physical and mental stress. When the pain bothers him, he should put a hot water bottle on his stomach and rest. During the remission (quiet) period of the disease, the patient should receive treatment in an outpatient clinic under the supervision of a family doctor.

The stomach is the most delicate part of the digestive system. There are at least three complex digestion processes in it: mechanical mixing of food particles, chemical breakdown of food products and absorption of nutrients. In gastritis, the inner wall of the stomach - the mucous layer - is often damaged. In this layer, two mutually eliminating components of digestion - gastric juice and protective mucus are produced. Food digestion in the stomach is a fine-tuned biochemical process of the body. This is confirmed by the normally acidic pH environment of gastric juice (its main component is hydrochloric acid), as well as by the difference in acidity indicators in different parts of it. High acidity (pH 1.0-1.2) is observed in the initial part of the stomach, and low acidity (pH 5.0-6.0) is observed in the area where the stomach is connected to the small intestine. In the duodenum, the pH is alkaline.

The diagnosis of gastritis is based on the patient's symptoms and history of previous gastritis diagnosis and treatment, alcohol consumption, and NSAID use. An accurate diagnosis of gastritis is made by determining the main cause of inflammation of the stomach lining or by tissue (stomach) biopsy. For example, the main infectious cause of gastritis is Helicobacter pylori (H. pylori). This bacterium can be detected by respiratory, blood, stool, immunological and biopsy tests. Although the bacteria can be cultured from the patient, this is rarely done. Other pathogens can be detected using stool and immunological tests. A biopsy of the gastric mucosa during endoscopic examinations is often used to determine the causes of chronic gastritis in patients and allows to see mucosal erosion and other changes in the gastric mucosa. Abdominal radiographs or barium studies (upper or lower) may show thickened mucosa and folds in the stomach with signs of inflammation.

Diet plays a special role in the treatment of gastritis. Because gastritis weakens the stomach, coarse food sinks into it, so if the food is light, digestion is easier. It is better for the patient to eat small and frequent meals, eat more rice or semolina porridge, mashed potatoes or carrots, steamed vegetable dishes, and drink fruit juices that are not too sweet or sour. .Patients suffering from gastritis should pay special attention to not having a large amount of food at every meal. Sometimes, if the patient wakes up in the middle of the night with heartburn, he should drink a glass of milk or fruit juice that has been prepared earlier, or it is better to eat cookies made of white bread or toast with sweet liquid tea.

Treatment of gastritis is carried out by relieving pain and symptoms, treating the mucous membrane of the stomach and eliminating its causes. Treatment therapy directly depends on the type of gastritis. For example, if gastritis is acute, the patient should wash the stomach with a solution to clean the food. You need to stay hungry all day, but you are allowed to drink plain water, tea, as well as various decoctions (mint, chamomile). Basically, food should be liquid or pureed (soups, cereal, jelly, souffle). After some time, you can gradually introduce some foods (dairy products, boiled vegetables). Then you can go back to your previous diet. However, it is better to avoid fatty, fried, sweet, spicy and freshly baked products.

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