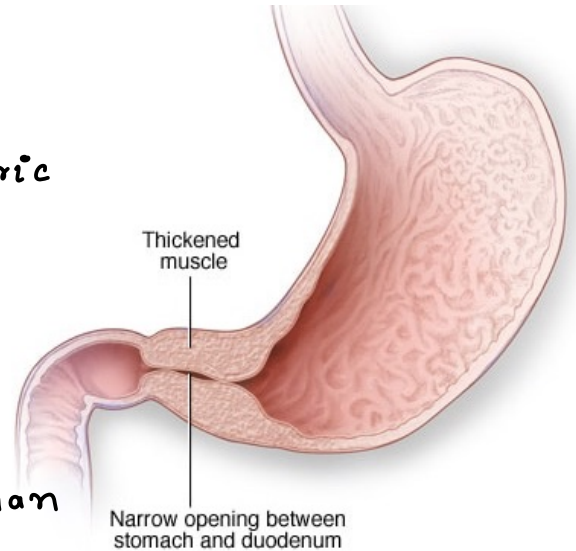
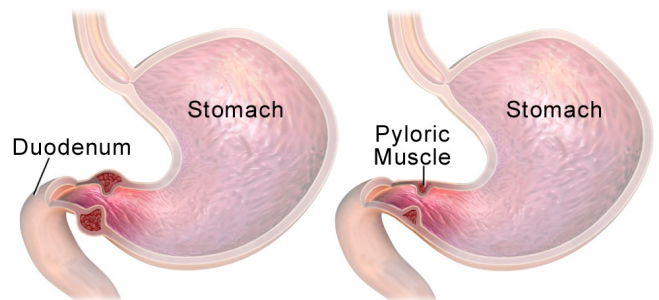


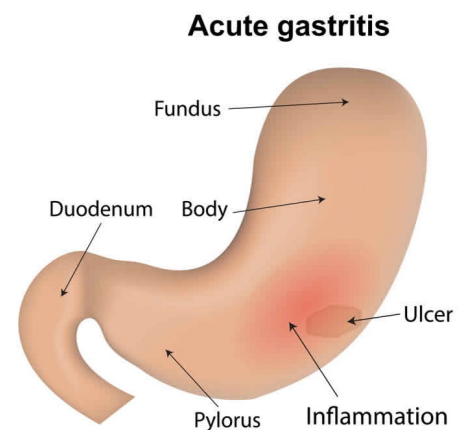
Pyloric Stenosis

- Congenital Hypertrophy of pyloric smooth muscle, resulting in gastric outlet obstruction.
- Affects male infants more than females.
- Classically presents two weeks after birth as,
 - (i) Projectile nonbilious vomiting.
 - (ii) Visible Peristalsis
 - (iii) Olive like mass in abdomen.
- Treatment is myotomy.



Acute Gastritis

- Acidic damage to stomach mucosa.
- Due to imbalance between mucosal defenses & Acidic environment.



Risk Factors :

- (i) Severe burn (Curling Ulcer)
 - (ii) NSAIDs ($\downarrow$ PGE)
 - (iii) Heavy alcohol consumption
 - (iv) Chemotherapy
 - (v) Increased intracranial pressure (Stimulation of Vagus Nerve)
 - (vi) Shock
- ↓
↑ Acid Production)

Complications :

- (i) Superficial Inflammation
- (ii) Erosion
- (iii) Ulcer (loss of Mucosal Layer)

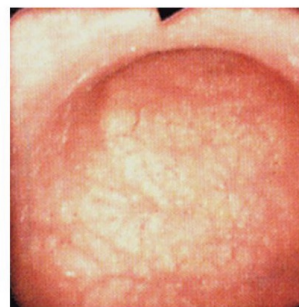
Chronic Gastritis

- Chronic inflammation of Stomach Mucosa, eventually leading to Atrophy (Chronic atrophic gastritis)
- Classified as :

(i) Chronic autoimmune gastritis (Fundic type)

(ii) Chronic H Pylori gastritis (Antral type)

Type A (autoimmune gastritis)



Type B (Chronic antral gastritis)



Chronic Autoimmune Gastritis:

- Due to autoimmune destruction of Gastric parietal cells.
- Associated with Antibodies against parietal cells and/or Intrinsic factors.

Clinical Features:

- (i) Atrophy of Mucosa with intestinal metaplasia.
 - (ii) Achlorhydria with increased gastrin level and antral G-cell hyperplasia
 - (iii) Megaloblastic Anemia (due to lack of Intrinsic factor)
 - (iv) Increased risk for Gastric Adenocarcinoma.
- Women are more affected than men.

Chronic H Pylori Gastritis:

- Due to H pylori - induced Acute & Chronic inflammation.
- Most common form of Gastritis (90%)
- H. pylori organisms are curved, gram -ve rods which produce urease.
- Infection is associated with duodenal / gastric peptic ulcer, and gastric carcinoma with intestinal type histology.



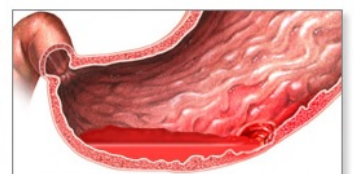
Treatment :

- Involves triple therapy
- Resolves gastritis/ulcer and reverse intestinal metaplasia.
- -ve urea breath test and lack of stool antigen confirm eradication of *H. pylori*.

Eradication therapy	Components	Notes
PPI-based triple therapy	<ul style="list-style-type: none">• Esomeprazole 20 mg twice daily, OR omeprazole 20 mg twice daily• Amoxicillin 1 g twice daily• Clarithromycin 500 mg twice daily⁹	<ul style="list-style-type: none">• First-line recommendation in Australian guidelines⁹• Drugs prescribed in a 7-day course• Combination prescriptions include Nexium Hp7 and Probiator Hp7
Quadruple therapy	<ul style="list-style-type: none">• Omeprazole 20 mg once daily• Bismuth subsalicylate 120 mg four times daily• Metronidazole 400 mg three times daily• Tetracycline 500 mg four times daily⁹	<ul style="list-style-type: none">• Uncommonly used• Prescribed as a 7- or 14-day course• First-line choice under ACG guidelines for areas with known clarithromycin resistance

Chronic Peptic Ulcer

- ① **Peptic Ulcers:** Ulcers of Distal stomach and proximal duodenum caused by gastric secretions (HCL & Pepsin) and impaired mucosal defenses.



Peptic ulcers may lead to bleeding, perforation, or other emergencies



Factors including:



- (i) Chronic NSAID & Aspirin use
- (ii) Steroid Use
- (iii) Smoking
- (iv) H. Pylori infection.

Complications:

- Hemorrhage
- Iron deficiency Anemia
- Penetration into adjacent organs
- Perforation
- Pyloric infection.

Diagnosis & Treatment

- Diagnosis is by endoscopy with or without biopsy.
- Treatment is acid suppression & Eradication of H. Pylori.
(H₂ blockers, PPIs)

② Duodenal Peptic Ulcers:

- More common than gastric peptic ulcers.
- Associations include:
 - (i) H Pylori (100%)
 - (ii) Inc. gastric sec.
 - (iii) ↑ Rate of Gastric Secretion

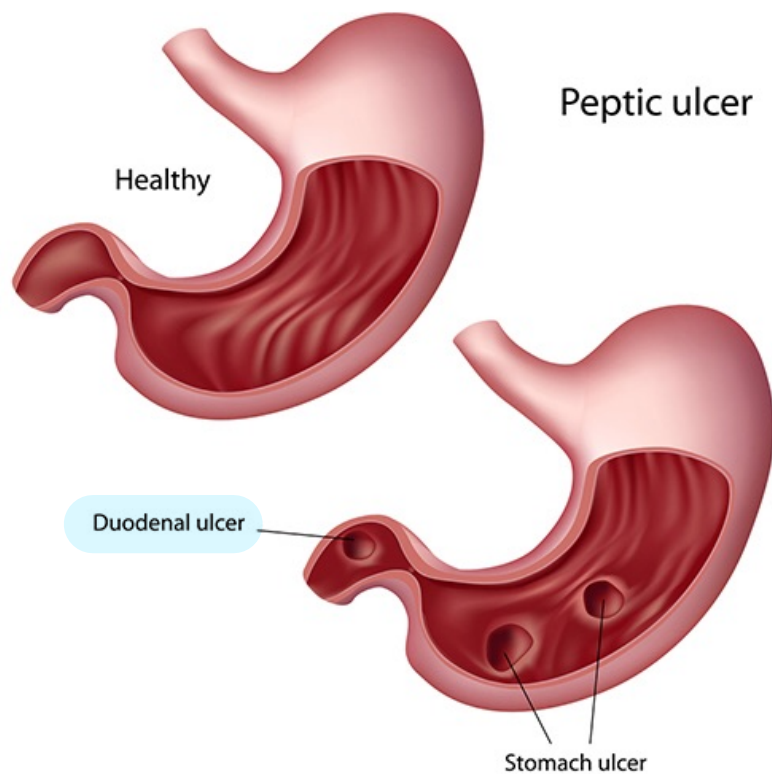
(iv) Multiple endocrine neoplasia (MEN) type I

(v) Zollinger-Ellison syndrome

(vi) Cirrhosis

(vii) Chronic obstructive pulmonary disease.

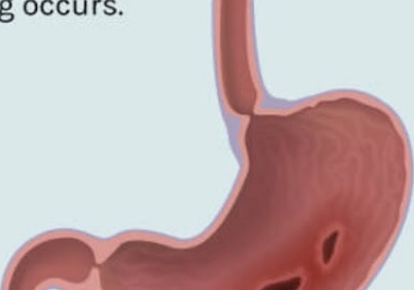
- Most duodenal peptic ulcers are located in the Anterior wall of Proximal duodenum.



③ Gastric Peptic Ulcers :

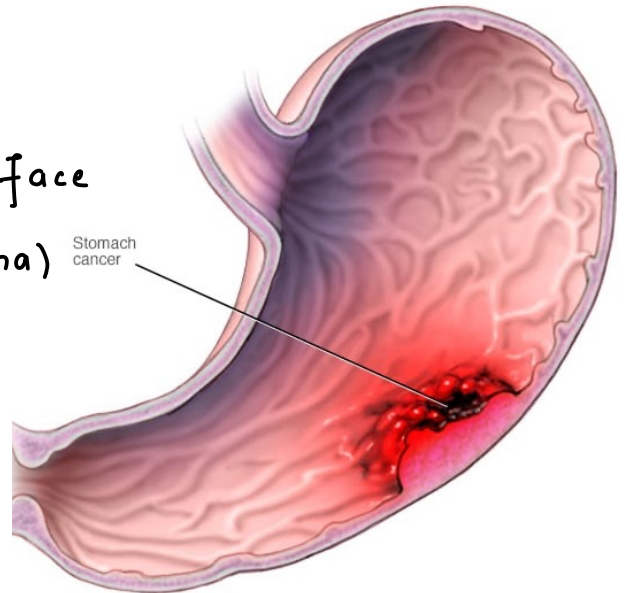
- Due to H pylori (75%) , other causes include NSAIDs & Bile Reflux.
- Presents with Epigastri pain (worsen with meal)
- Ulcer is located on lesser curvature of Antrum.
- Rupture carries risk of bleeding from left gastric artery.

Important :

Duodenal Ulcers	Gastric Ulcers
<ul style="list-style-type: none">• Pain relieved by meal.• Occurs 2-3 hrs after meal.• Most common type.• Dark, Tarry Stools (Melena) Occur 	<ul style="list-style-type: none">• Pain increased by meal.• Occurs 30m to 1hr after meal.• Not as common.• Vomiting occurs. 

Gastric Carcinoma

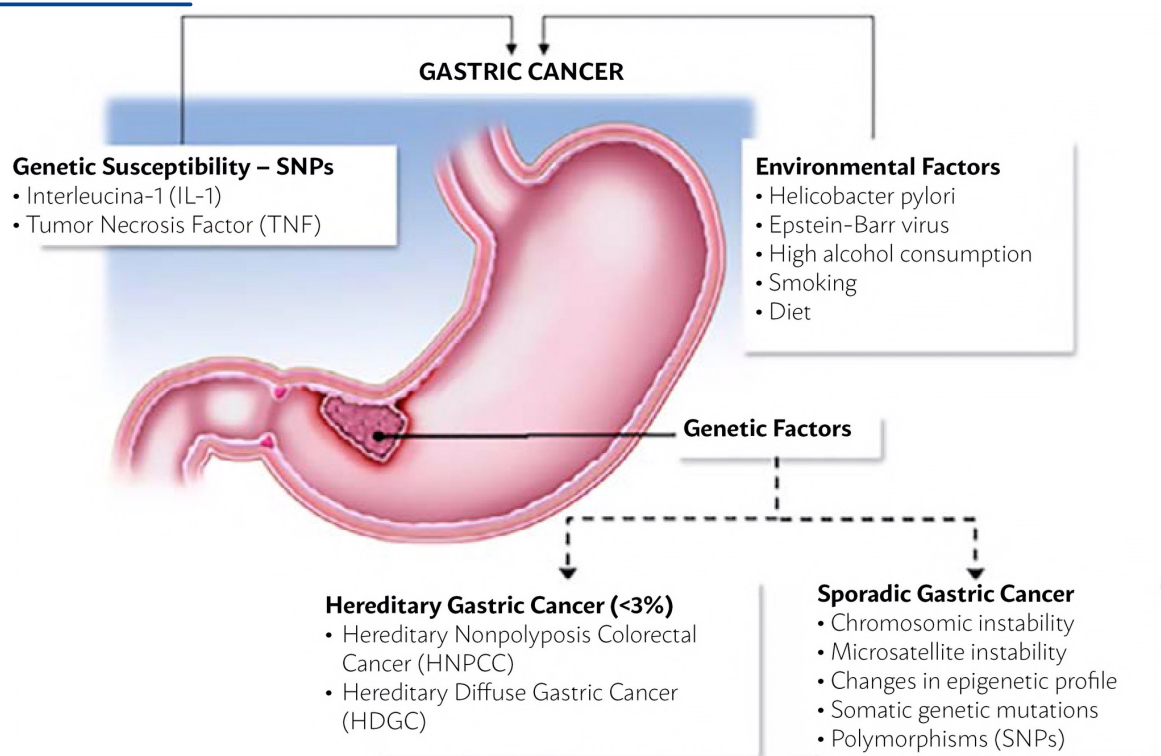
- Malignant proliferation of surface epithelial cells (Adenocarcinoma)
- Subclassified as :
 - (i) Intestinal Types
 - (ii) Diffuse Types.
- **Intestinal type** (more common) presents as a large, irregular ulcer with headed up margins.
 - Involves mostly lesser curvature of Antrum.
 - Risk factors include :
 - (i) Intestinal Metaplasia (*H. pylori* & Autoimmune gastritis)
 - (ii) Nitrosamines in smoked food (Japan)
 - (iii) Blood type A



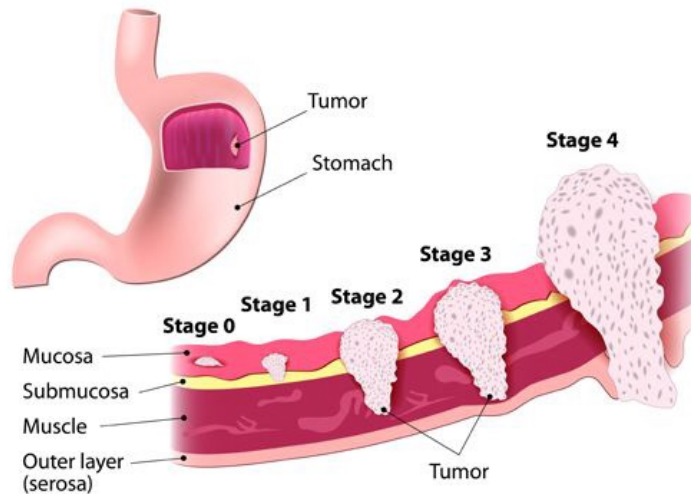
- Diffuse Type is characterized by Signet ring cells that diffusely infiltrate gastric wall.
 - Not associated with H. Pylori, or Nitrosamines.
- Gastric Carcinoma is often (90%) asymptomatic until late in course and present with:
 - (i) Weight Loss
 - (ii) Abdominal Pain
 - (iii) Anemia
 - (iv) Early Satiety
- Spread to lymph nodes can involve the left Supraclavicular node (Virchow node)
- Distant metastasis most commonly involves Liver.



Factors:



Stages of Stomach Cancer



- Diagnosis is by endoscopy with biopsy.
- Treatment is Gastrectomy.
- Prognosis is poor, with overall 5-year survival ~ 30%.



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