

# Gastrointestinal disorders

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al affiliation: Chronic gastritis This is an inflammation, irritation or erosion of the gastric mucosa. Gastritis may be acute, lasting several hours to a few days, or chronic, resulting from repeated exposure to irritants and recurring episodes of acute gastritis (Brunner et. al., 2010). According to the symptoms presented by this 50-year old man such as sub sternal pain for the last 5 months loss of appetite and aggravated pain upon eating these are typical signs of chronic gastritis.

Factors that lead to development of gastritis

Gastritis can be caused by irritation due to chronic emesis, stress, excessive alcohol consumption and overuse of aspirin and other non steroidal anti-inflammatory drugs (NSAIDS). Ingestion of strong acids or alkalis cause severe forms of acute gastritis due to irritation of gastric mucosa.

Helicobacter pylori infection, pernicious anemia and bile reflux are mainly associated with chronic gastritis. Gastritis can also develop after a person has had major traumatic injuries, burns severe infections renal or respiratory failure (Brunner et. al. 2010). Autoimmune responses and diseases can cause chronic autoimmune gastritis (DiMarino et. al. 2002).

Investigations to be performed

It is important that a thorough family history of this patient is taken to determine any familial conditions that can precipitate to gastritis. Also, good physical assessment should be done. Laboratory tests must also be inclusive to confirm the diagnosis. These include the following;

Upper endoscopy

The endoscope is inserted through the mouth and down the stomach to look for the nature of the gastric mucosa. Mucous inflammation is assessed and a biopsy is taken for histological examination (Brunner et. al. 2010).

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### Blood tests

The red blood cells count is determine to rule out anemia that can be a complication of gastritis due to excessive mucosal bleeding. This will also help take corrective measures in managing the complication

### Fecal occult blood test

This is done to determine hematochezia that is an indication of upper gastrointestinal bleeding thus an indication of gastritis.

### Treatment of gastritis

Gastritis can be managed both pharmacologically and non-pharmacologically.

Non pharmacologic management; this involves avoiding of spiced hot food and the irritating ingredients of food such as lactose from milk and gluten from wheat.

Alcohol intake should be avoided at all cost and the patient to take small frequent meals to avoid vomiting and aggravating irritation due to large amounts of food. Stress management is also considered using relaxation techniques and diversion therapy

### Pharmacological management

The patient is given antacids such as proton pump inhibitors and H-2 blockers to lower gastric acid production. In the case of *Helicobacter pylori* infection a regimen of antibiotics is initiated. Vitamin B12 supplements are administered in the case of pernicious anemia and manage pain with salicylates.

Compliance to treatment leads to an effective outcome and the patient.

### References

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