

# Gastritis: risk factors, symptoms, diagnosis and treatment case study sample

[Health & Medicine](#), [Alcoholism](#)



The patient has been experiencing symptoms of gastritis including loss of appetite and substernal pain which worsens in the morning. The fact that he has been experiencing the pain for about five months suggests that this is a case of chronic gastritis. The clinical definition of gastritis is inflammation of gastric mucosa (Rugge, & Grahm, 2010). The long term alcohol consumption of 12-16 cans of beer per day has been causing inflammatory degeneration in the gastric mucosa of the patient (Bienia, Sodolski, & Luchowska, 2002). However many studies have demonstrated that alcohol is associated with acute, not chronic gastritis. It is possible that the patient has some other contributing factors associated with chronic gastritis. In addition to consumption of alcohol over extended period of time, some of the other factors that can cause gastritis include *Helicobacter pylori* infection, pernicious anemia, reflux of bile into stomach, chronic use of NSAIDs, stress and some other infections. Gastritis if left untreated can lead to gastric cancer.

The detection of gastritis is carried by performing upper endoscopy or blood analysis. A small tube is inserted through the patient's mouth into the stomach to observe the inflammation in the stomach mucosal lining of the patient. A small sample of tissue can be retrieved to perform biopsy. Blood tests can be performed to investigate the presence of *H. pylori*, to get a blood cell count and to detect the existence of pernicious anemia in the patient. In some cases stool sample analysis is performed to determine presence of blood in stools which is also a classic symptom of gastritis.

The treatment of gastritis includes drugs that lower the production of acid such as omeprazole, lansoprazole, esomeprazole which reduces the

inflammation of the stomach lining. Antacids might also be prescribed to lower the acidic pH in the stomach. The infection from *H. pylori* can be treated by prescribing antibiotics such as amoxicillin, clarithromycin, metronidazole and tetracycline with an acid lowering agent to improve the symptoms. Vitamin B12 shots can be provided to patients diagnosed with pernicious anemia. The patients are advised to stop consumption of alcohol, dairy and spicy food and advised to take steps or seek counseling to lower and manage their stress (Mayoclinic. com).

## References

Bienia, A., Sodolski, W., & Luchowska, E. (2002). The effect of chronic alcohol abuse on gastric and duodenal mucosa. *Ann Univ Mariae Curie Sklodowska Med.* 57(2): 570-82.

Mayo Clinic. (n. d.). Retrieved from <http://www.mayoclinic.com/health/gastritis/DS00488>

Rugge, M. & Graham, D. Y. (2010). *Practical gastroenterology and hepatology: Esophagus and stomach*. Oxford: Wiley-Blackwell.