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Summary

Management of gastric metaplasia: Be aware of autoimmune gastritis

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Stomach & H. Pylori

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The updated MAPS 3 guideline recommends surveillance for gastric intestinal metaplasia based on four risk factors—extent of metaplasia, family history of gastric cancer, persistent H. pylori, and incomplete IM—using validated endoscopic classification scores.

KEY POINTS

- The ENDO-IM score (dividing the stomach into five regions, scoring 0–2 per region) was validated in a European study of nearly 2000 patients and correlates well with the OLGIM pathology score, with a cut-off of five or higher indicating high risk
- The Kimura-Takemoto classification distinguishes closed-type atrophy (antrum, not crossing lesser curvature) from open-type atrophy (greater curvature), with open type correlating with higher gastric cancer risk
- Family history of gastric cancer in a first-degree relative is an important risk factor for neoplastic progression in patients with gastric intestinal metaplasia
- Incomplete intestinal metaplasia increases gastric cancer risk according to meta-analyses, but interobserver variability among pathologists in scoring incomplete versus complete IM makes clinical incorporation challenging
- Autoimmune gastritis patients require surveillance primarily for neuroendocrine tumors (NETs), which are more common than gastric adenocarcinoma in this population, according to an Italian study of 1600 patients
- Once a patient is under surveillance and known to be high risk, repeat biopsies during surveillance are not necessarily required, though index biopsies should be taken to establish all risk scores

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