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Summary

When the acid is gone: Dealing with gastric atrophy

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Stomach & H. Pylori | Mechanisms & Personalised Medicine

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Autoimmune atrophic gastritis is an immune-mediated disorder affecting the gastric corpus and fundus that causes hypochlorhydria and increases neoplasia risk, requiring early recognition, vitamin supplementation, and endoscopic surveillance rather than routine proton pump inhibitor use.

KEY POINTS

- The speaker stated that proton pump inhibitors should not be used routinely in autoimmune gastritis because they may increase the risk of gastric adenocarcinoma and neuroendocrine neoplasms, with a reported hazard ratio of 1.44 for neuroendocrine neoplasm development in PPI users versus non-users.
- Up to 70% of patients are asymptomatic, while early manifestations include iron deficiency anaemia, dyspepsia, and gastroesophageal reflux disease, and late manifestations from vitamin B12 deficiency take 10 to 15 years to become clinically evident.
- The speaker recommended screening first-degree relatives of affected patients and those with autoimmune thyroid disease, type 1 diabetes, vitiligo, or Addison's disease using serology including parietal cell antibodies tested by ELISA and gastrin 17 in patients not taking PPIs.
- European MAPS guidelines recommend gastroscopy every three years for all patients with autoimmune gastritis, while the speaker's group suggested 3 to 5 years may be acceptable based on current evidence.
- Management includes vitamin B12 injections especially for pernicious anaemia or pregnancy, screening for autoimmune comorbidities including thyroid disease and coeliac disease, and supplementation with folic acid, iron, and vitamin D as needed.
- The speaker noted that zinc L-carnosine may exert anti-inflammatory effects and decrease proinflammatory cytokines, but solid evidence for treating dyspepsia or reflux symptoms in autoimmune gastritis is lacking and more data are needed.

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