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Summary

Autoimmune gastritis: Solving controversies

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Immunology | Stomach & H. Pylori | Oesophagus | Digestive Oncology

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Autoimmune gastritis presents important unresolved questions regarding H. pylori's role, neoplasia risk magnitude, and early intervention opportunities, with the speaker emphasising that diagnosis requires histology not just antibodies and that surveillance strategies should be individualised.

KEY POINTS

- The speaker stated that paediatric data demonstrate H. pylori is not required for autoimmune gastritis, though it may act as a trigger in a subgroup of patients, and that the disease is predominantly mediated by autoreactive CD4 positive T cells with Th1 and Th17 features.
- In an international multicentre study of 1240 patients with median follow-up of 68 months, the speaker reported 2.9% had gastric adenocarcinoma with half diagnosed simultaneously with autoimmune gastritis, and meta-analysis estimated 0.12 gastric cancers and 1.09 type one gastric NETs per 100 person-years, though individual risk remains uncertain and varies by geography.
- The speaker stated that type one NET incidence exceeds adenocarcinoma incidence, the two neoplasias arise through different pathways and require separate risk assessment, with most type one NETs being small, multifocal, and well-differentiated.
- MAPS guidelines recommend three-year endoscopy surveillance as a conditional recommendation based on low quality evidence, which the speaker described as a default interval requiring individualisation based on intestinal metaplasia, tumour burden, age, and comorbidity.
- The speaker emphasised that autoimmune gastritis is a histological diagnosis supported by serology not an antibody result, as parietal cell antibodies are not specific and cross-reactions occur in patients with other autoimmune diseases.

– Immunotherapy cannot currently be justified because no human trial has demonstrated clinical benefit despite plausible therapeutic targets in mouse models, and the speaker noted most patients have an indolent disease course.

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