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MODERN APPROACHES TO DIAGNOSIS AND MANAGEMENT OF CHRONIC GASTRITIS

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Chronic gastritis is a persistent inflammatory condition of the stomach lining that can silently progress over years without producing severe symptoms in the early stages. Historically, the diagnosis and treatment of this disease were based largely on symptom reporting and basic endoscopic findings. However, with the advancement of gastroenterology and molecular diagnostics, modern approaches now enable a more precise, cause-specific understanding and targeted management of chronic gastritis.

The diagnosis of chronic gastritis has significantly evolved. While upper gastrointestinal endoscopy remains the cornerstone for visual assessment of the gastric mucosa, it is the histological biopsy and classification systems that now provide the most informative insights. The updated Sydney system, for example, allows pathologists to assess not only the presence of inflammation but also the degree of atrophy, intestinal metaplasia, and presence of Helicobacter pylori (H. pylori). This structured approach helps stratify patients by risk level and guides follow-up care. Non-invasive diagnostic tools have also become important, especially in primary care and resource-limited settings. Urea breath tests and stool antigen tests are highly sensitive methods for detecting H. pylori infection, a major cause of chronic gastritis. In autoimmune gastritis, serologic testing for anti-parietal cell and anti-intrinsic factor antibodies, along with serum gastrin and pepsinogen I/II levels, are valuable in confirming the diagnosis and monitoring disease progression.

The management of chronic gastritis has similarly become more individualized. The central strategy in many cases is targeting the root cause. For H. pylori-positive patients, eradication therapy is the first-line approach. Current guidelines recommend tailored antibiotic regimens that consider local resistance patterns. While classic triple therapy (proton pump inhibitor + clarithromycin + amoxicillin) remains effective in many regions, in areas of high resistance, bismuth-based quadruple therapy or concomitant therapy is preferred. Post-treatment testing ensures that eradication is successful, thereby preventing recurrence and long-term complications.

In autoimmune gastritis, management focuses less on pathogen elimination and more on nutritional correction and surveillance. Patients frequently develop vitamin B12 deficiency, requiring lifelong parenteral supplementation. Long-standing cases with glandular atrophy or intestinal metaplasia warrant routine endoscopic surveillance due to the increased risk of gastric neoplasia. Another group of patients includes those with chemical gastritis, often caused by chronic NSAID use or bile reflux. For these individuals, stopping the offending agent is crucial. Proton pump inhibitors (PPIs) or histamine-2 receptor antagonists are used for acid suppression, while mucosal protective agents like sucralfate or rebamipide may promote healing in the affected mucosa.

A notable trend in modern gastritis management is the integration of lifestyle counseling and behavioral medicine. Patients are advised to avoid known irritants such as alcohol, tobacco, and excessively spicy or acidic foods. There is also increasing emphasis on psychosomatic aspects, particularly in functional dyspepsia overlapping with gastritis. Stress management, regular eating habits, and dietary balance are now routinely discussed as part of long-term care. From a public health perspective, modern approaches include population-based screening for H. pylori in high-prevalence areas, as well as education campaigns promoting awareness of gastritis-related risks. In some countries, national strategies for H. pylori eradication have led to measurable reductions in the incidence of gastritis and gastric cancer.

Technological advancements are also reshaping endoscopic evaluation. High-definition endoscopy, chromoendoscopy, and narrow-band imaging now allow more accurate detection of subtle mucosal changes. These technologies improve the detection of precancerous lesions and help guide targeted biopsies, making endoscopy not only diagnostic but also prognostic.

In conclusion, the diagnosis and management of chronic gastritis have undergone a paradigm shift. Today's clinical approach combines advanced diagnostics, evidence-based pharmacotherapy, lifestyle medicine, and individualized patient monitoring. With the continued integration of non-invasive testing, molecular tools, and imaging innovations, clinicians can now provide more accurate, timely, and effective care for patients with chronic gastritis. Long-term outcomes depend not only on treating symptoms but also on preventing complications through early recognition and risk-based surveillance.

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