위염에 대한 오해와 진실

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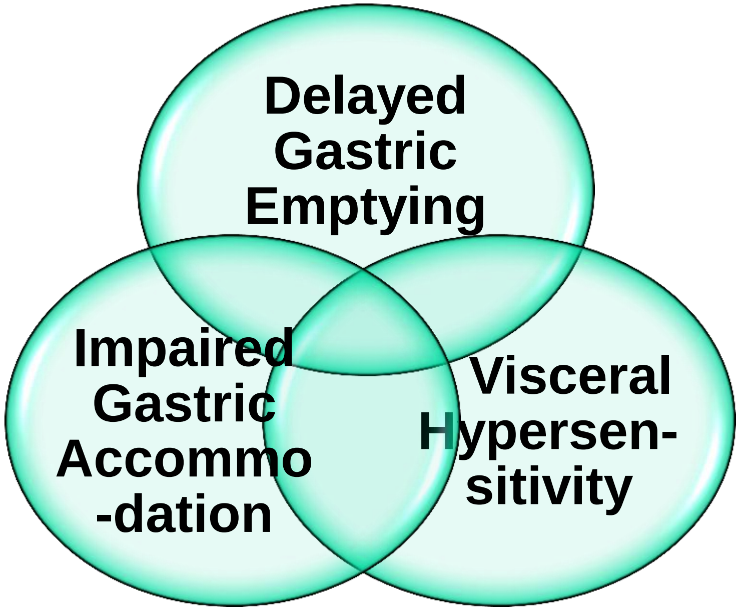
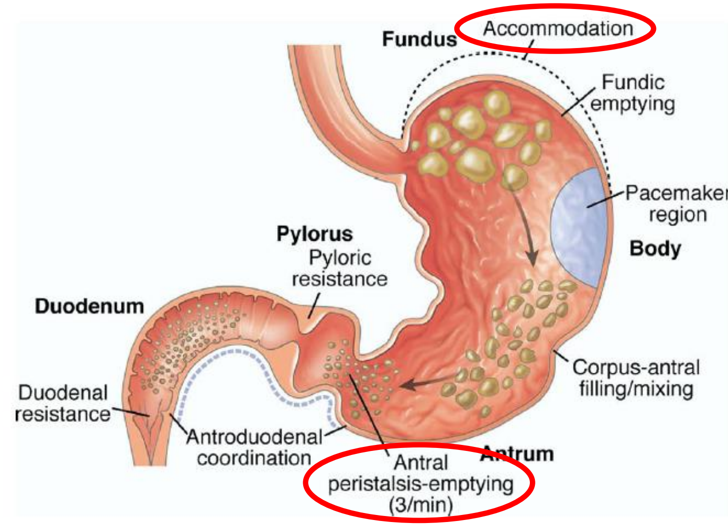
민 병훈

Chronic Dyspepsia in Gastritis Patients
- Pathophysiology of functional dyspepsia





- **Delayed gastric emptying: 40%**
- **Impaired gastric accommodation: 40%**
- **Hypersensitivity to gastric distension: 30%**
- **Hypersensitivity to acid**

Talley NJ, et al. Am J Gastroenterol 2005;100:2324-2337

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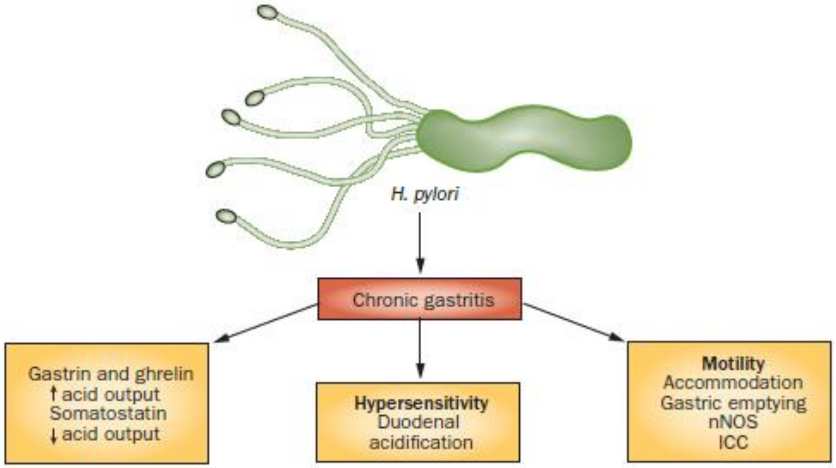
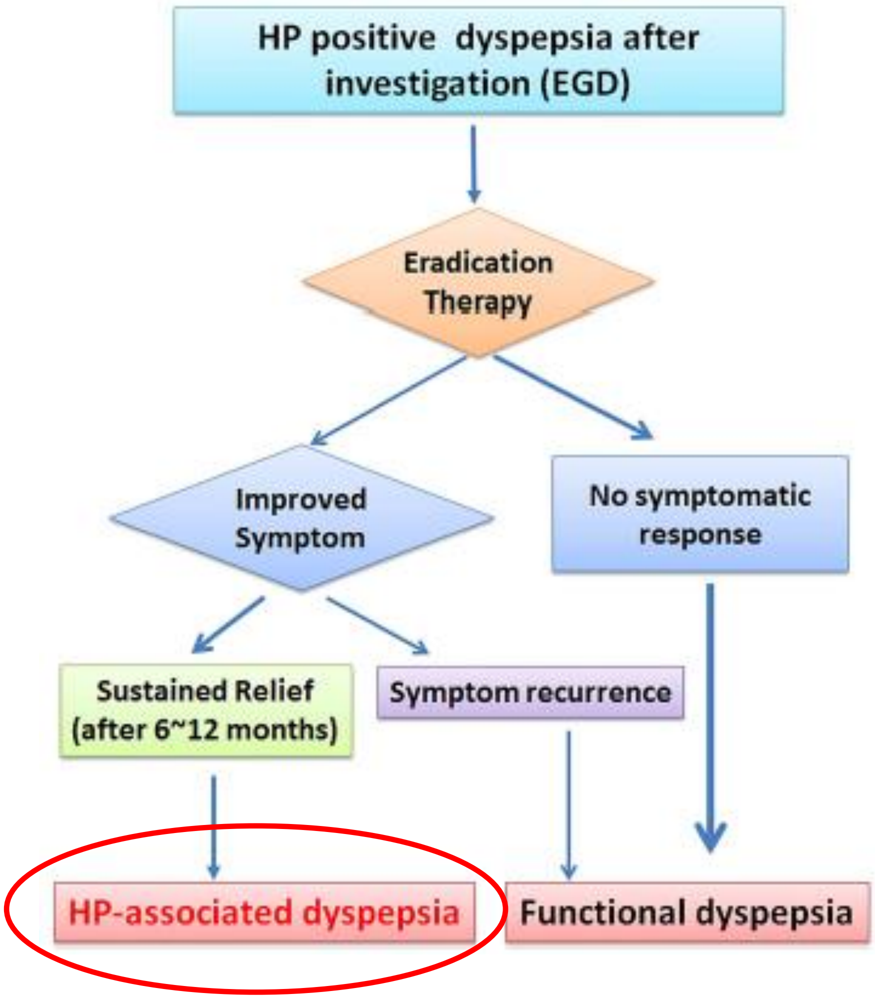
H. pylori-associated Dyspepsia
- Weak association with dyspeptic symptoms

- ***H. pylori*** **gastritis is the cause of dyspepsia in a subset of patients**
- **Self-administered infection with *H. pylori* can induce acute dyspeptic symptoms**
- ***H. pylori*** **eradication for chronic dyspepsia**
  - **Relative risk reduction over placebo: 10% (36% vs 29%)**
  - **Number needed to treat: 14**
  - **1/14 = 7.1%**



Suzuki H et al. Nat Rev Gastroenterol Hepatol 2013;10: 168-74

H. pylori-associated Dyspepsia



- Symptoms can be attributed to *H. pylori* gastritis, if successful eradication therapy is followed by sustained symptom remission
- At least 6 months after *H. pylori* eradication for symptomatic gain
  - Time for gastritis to recover

Suzuki H, et al. Nat Rev Gastroenterol Hepatol 2013;10:168-74

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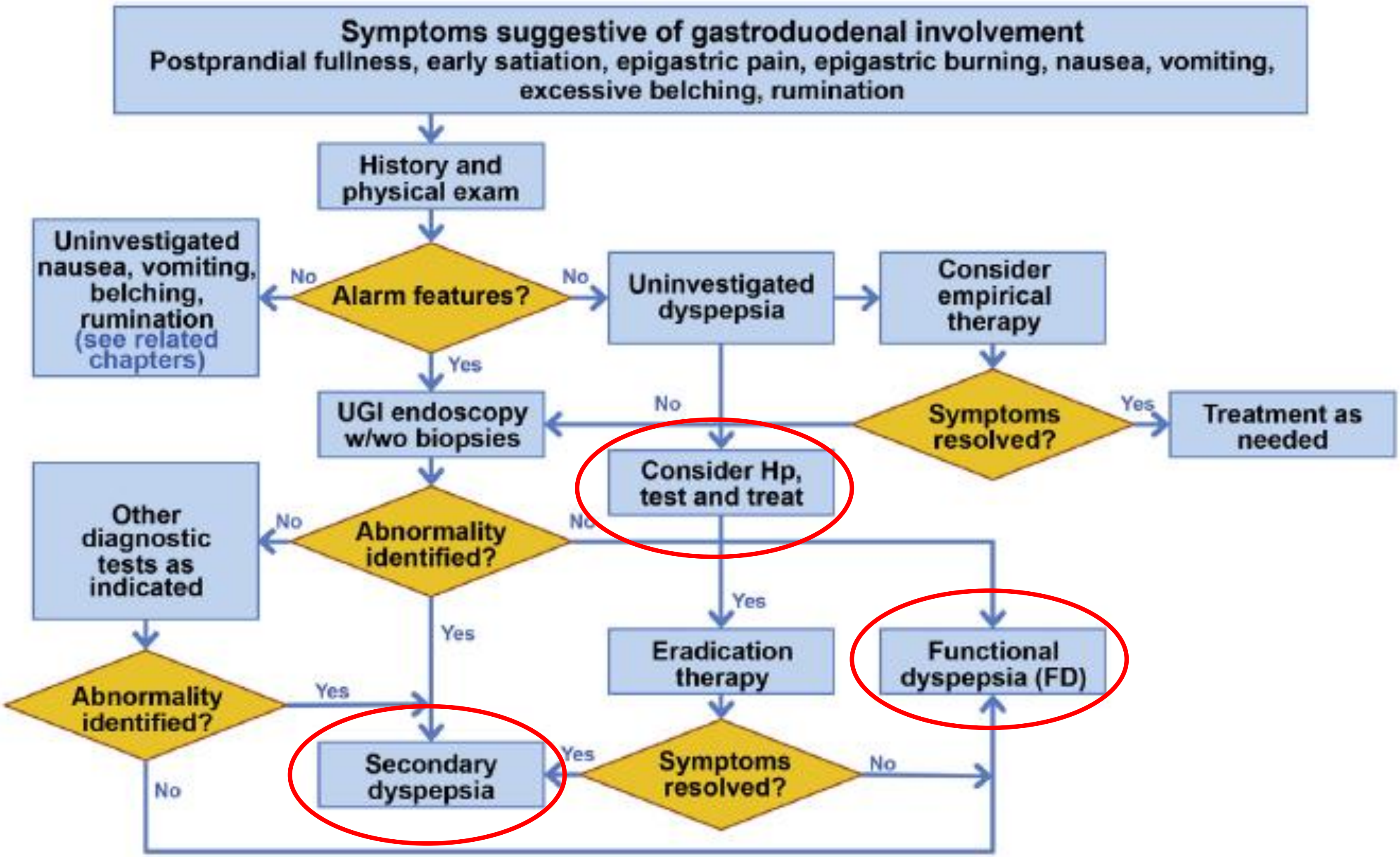
Management of Patients with Dyspepsia



Stanghellini V, et al. Gastroenterology 2016;150;1380-92

Functional Dyspepsia
- Definition in ROME IV criteria

- **Secondary dyspepsia**
  - **Organic, systemic, or metabolic cause of dyspepsia**

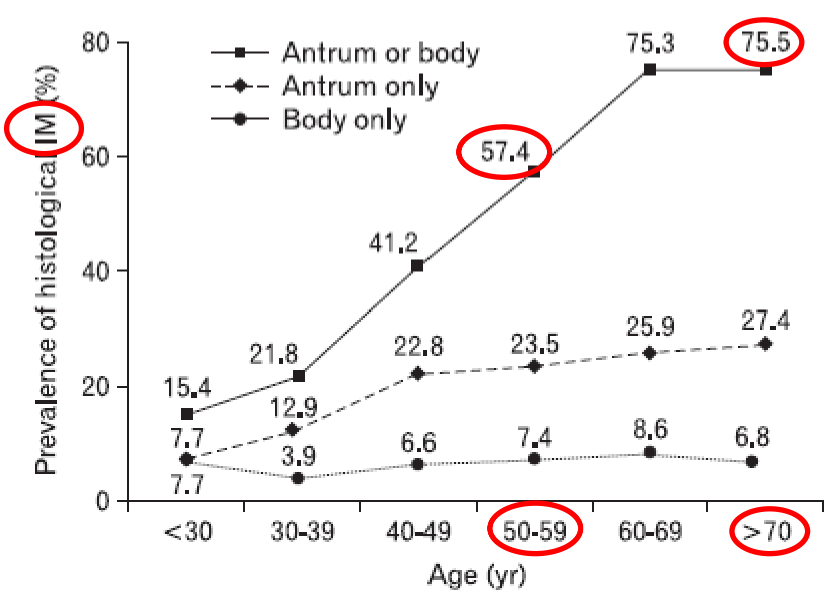
- ***H. pylori*-associated dyspepsia**
  - **A subset of secondary dyspepsia patients whose symptoms are treated by *H. pylori* eradication**

- **Functional dyspepsia**
  - **Those in whom no identifiable explanation for the symptoms can be identified by traditional diagnostic procedures**

Stanghellini V, et al. Gastroenterology 2016;150;1380-92

Prevalence of CAG or IM in Korea
- Histology-based

- **1330 subjects most of which had gastroduodenal diseases**
- **Topographic biopsies from both antrum & body**
- **Atrophy**
  - **Antrum: 57.2%**
  - **Body: 38.3%**
- **Intestinal metaplasia**
  - **Antrum: 52.7%**
  - **Body: 36.3%**
  - **Overall: 59.9%**

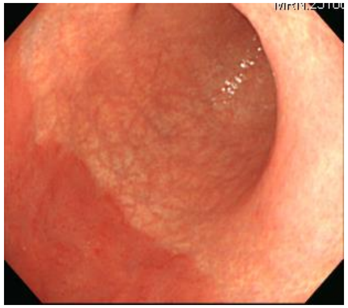


Lim JH, et al. Gut Liver 2013;7:41-50

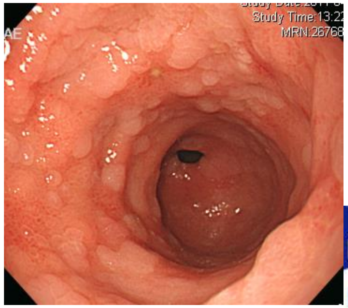
Endoscopic Diagnosis of CAG or IM
- Limited accuracy

- **1330 Korean patients**
- **Updated Sydney system as pathologic standard**

- **Endoscopic diagnosis of atrophy in antrum/body**
  - **Sensitivity: 61.5%/46.8%**
  - **Specificity: 57.7%/76.4%**



- **Endoscopic diagnosis of IM in antrum/body**
  - **Sensitivity: 24.0%/24.2%**
  - **Specificity: 91.9%/88.0%**



Lim JH, et al. Gut Liver 2013;7:41-50

Eshmuratov A, et al. Dig Dis Sci 2010;55:1364-75

Chronic Atrophic Gastritis & IM
- Established precancerous lesions

- **Very common (> 50%) in Korea, especially in elderly (>75%)**
- **Accuracy of endoscopic diagnosis of CAG & IM**
  - **Very limited, especially for IM (sensitivity: 24%)**
- **Eradication of *H. pylori***
  - **Potential for improving CAG but not IM**
  - **Potential for preventing GC in patients without IM or extensive CAG**
- **Recent expansion of insurance coverage**
  - **Appropriate target???**

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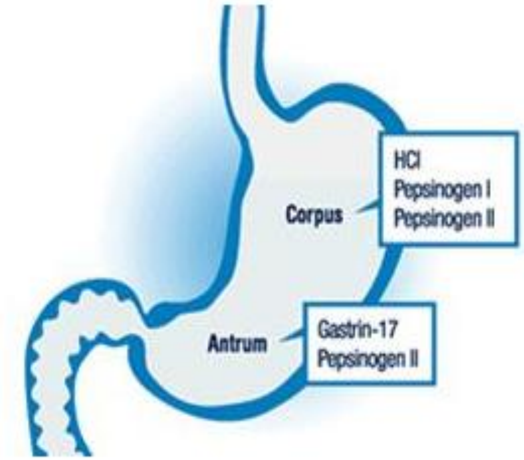
Pepsinogen
- Marker for extensive atrophic gastritis

- Pepsinogen I
  - Secreted by chief and mucous neck cells
  - Corpus and fundus only
  - Extensive atrophic gastritis including corpus → marked decrease
- Pepsinogen II
  - Secreted by chief and mucous neck cells
  - Pyloric glands
  - Brunner's glands in duodenum
  - Extensive atrophic gastritis including corpus → mild decrease



ABC Method
- Serum pepsinogen & *H. pylori* Ab

- **Mean 4.7 years of follow-up**
- **Annual incidence of GC**
  - **A: HP (-), PG (WNL) → 0.04%**
  - **B: HP (+), PG (WNL) → 0.06%**
  - **C: HP (+), PG (AG) → 0.35%**
  - **D: HP (-), PG (AG) → 0.60%**

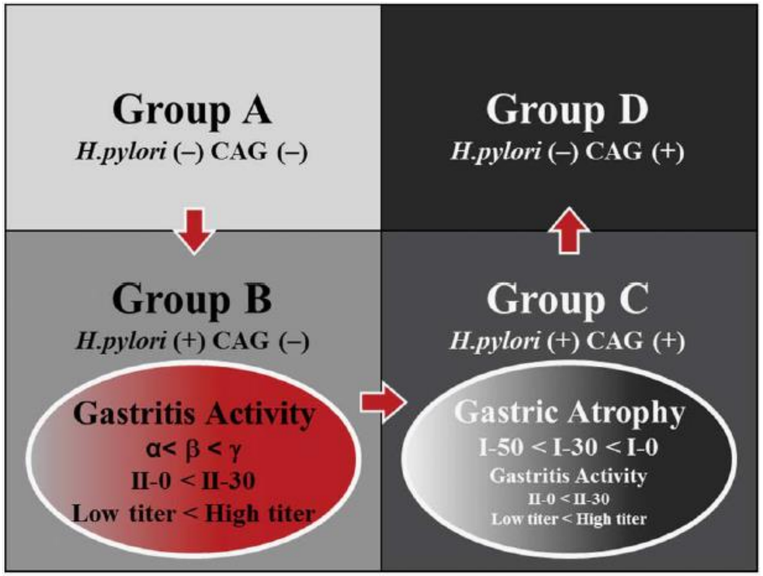


Table 3 Hazard ratio assessment adjusted by Cox proportional hazard model

	Hazard ratio	95% CI	p Value
Group			
A	1		
B	1.1	0.4–3.4	0.81
C	6.0	2.4–14.5	<0.0001
D	8.2	3.2–21.5	<0.0001
Age (y)			
<60	1		
>60	5.3	2.9–9.9	<0.0001
Sex			
Female	1		
Male	3.2	1.3–8.2	0.01

Watabe H, et al. Gut 2005;54:764-8

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H. pylori Eradication for Preventing GC

- Meta-analysis

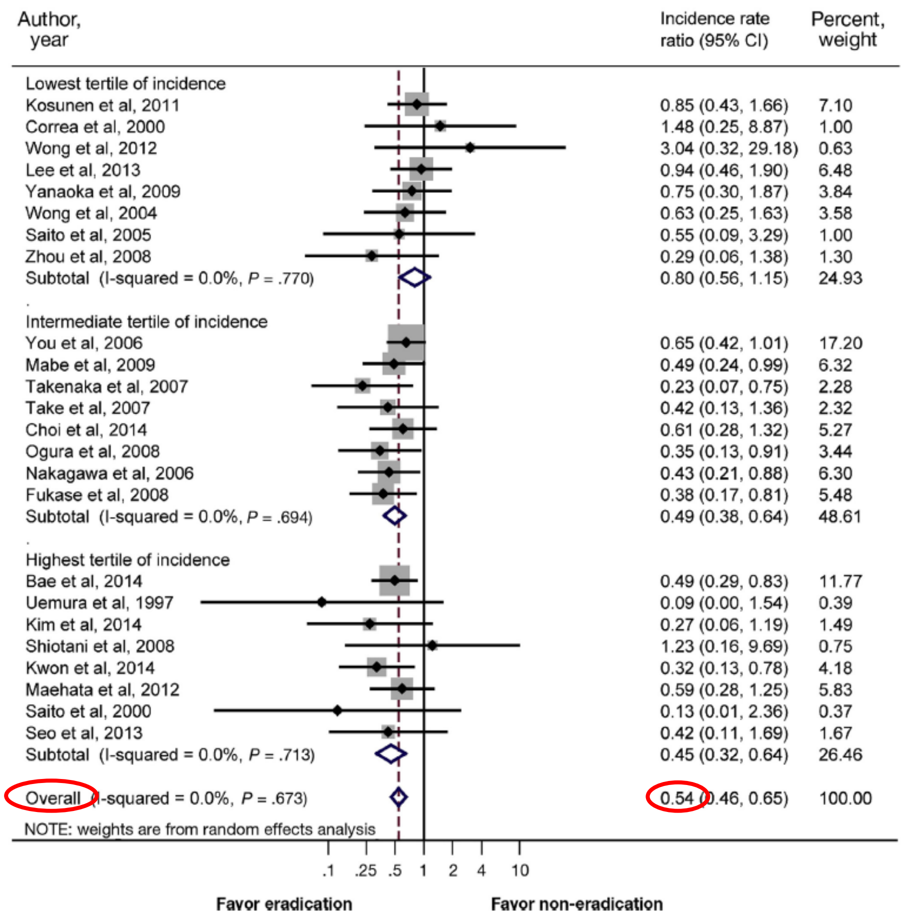

Figure 2. Summary incidence rate ratio of gastric cancer associated with *H pylori* eradication by traditional random-effects meta-analysis, stratified by baseline incidence of gastric cancer.

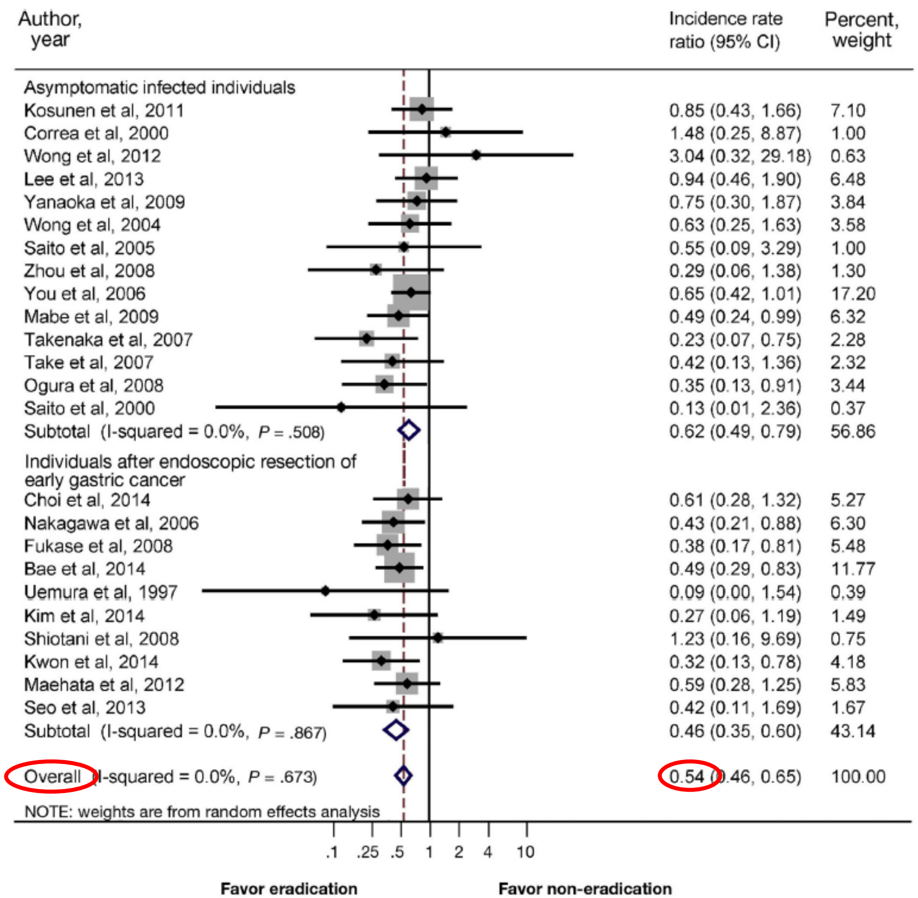

Figure 3. Summary incidence rate ratio of gastric cancer associated with *H pylori* eradication by traditional random-effects meta-analysis, stratified by clinical scenario (asymptomatic infected individuals *vs* individuals after endoscopic resection of early gastric cancer).

Lee YC, et al. Gastroenterology 2016;150:1113-24