



AT THE FOREFRONT
UChicago
Medicine



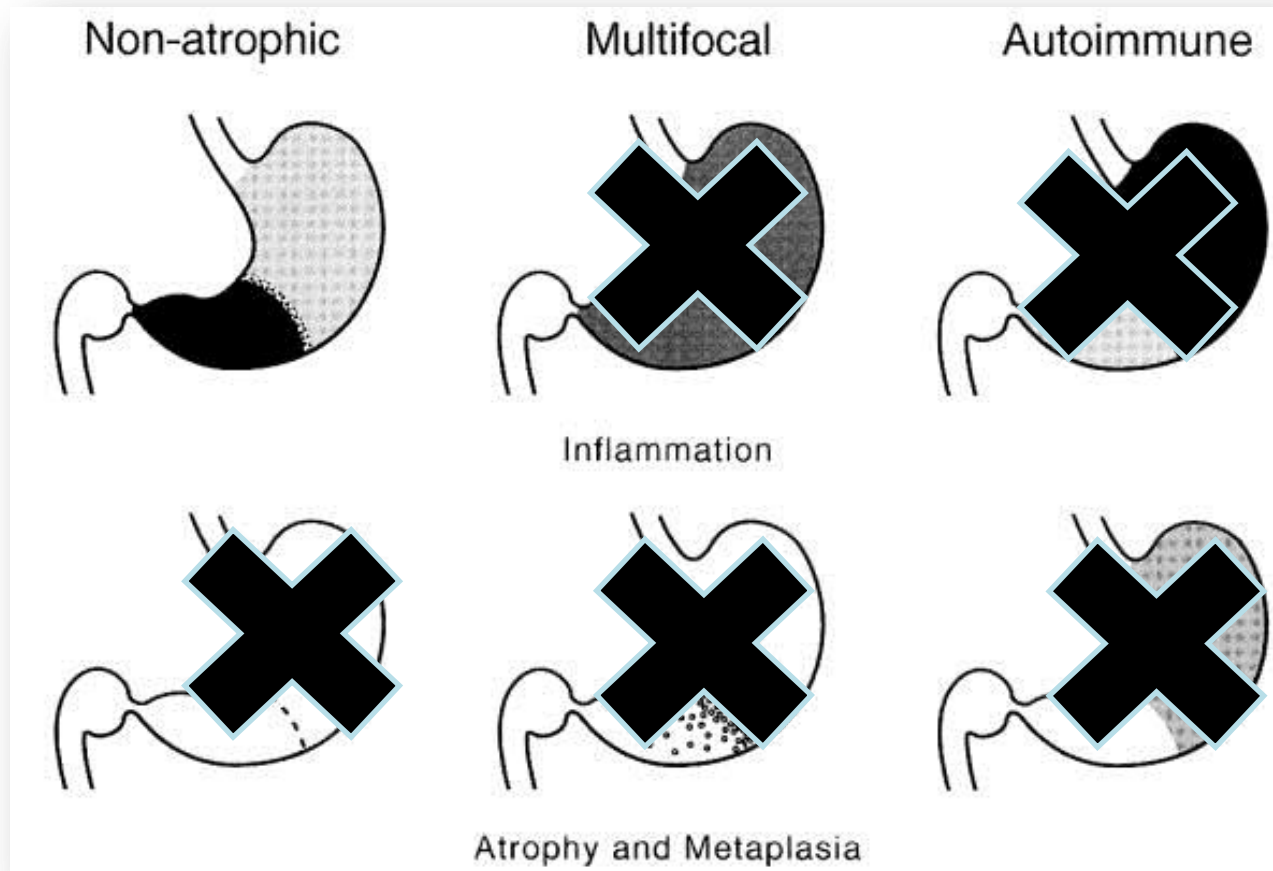
THE UNIVERSITY OF
CHICAGO
BIOLOGICAL
SCIENCES

Topic 5- When is inactive antral gastritis (‘chronic antral gastritis’) clinically significant?

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Assistant Professor, University of Chicago

Inactive antral gastritis

- syn. Chronic inactive gastritis, antral-predominant non-atrophic gastritis`

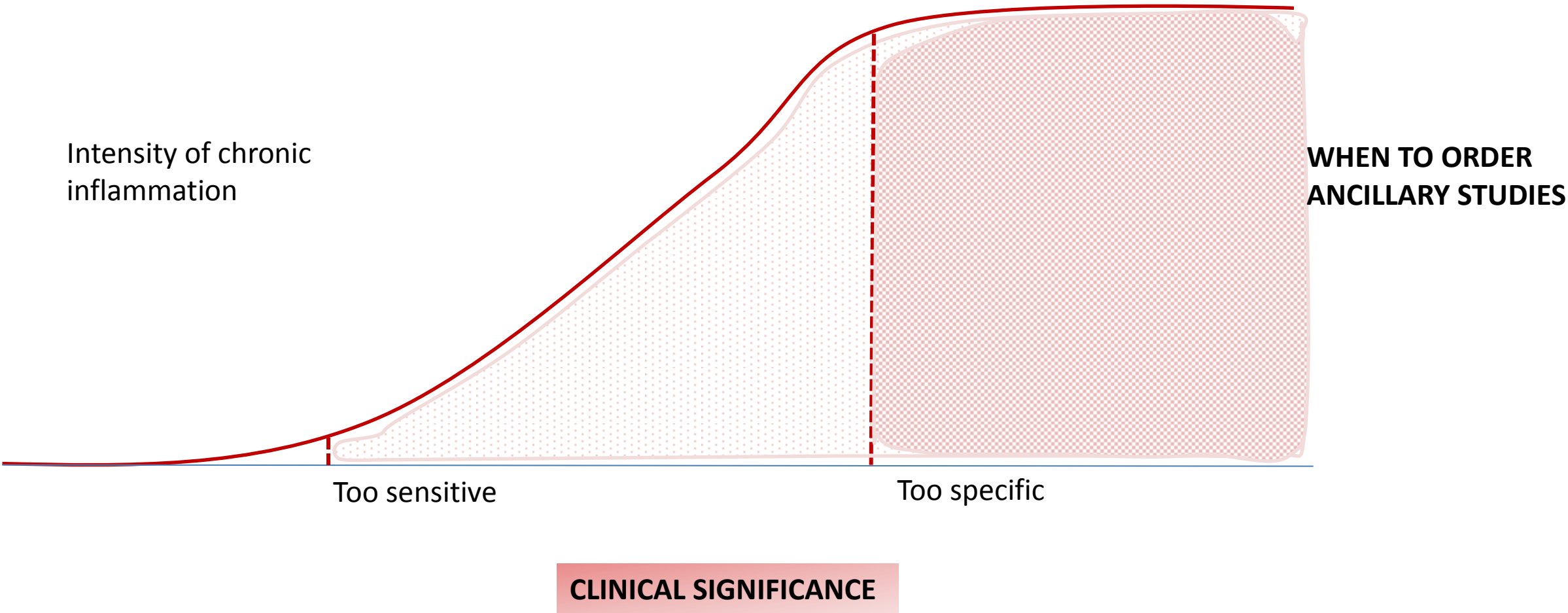


Classification and Grading of Gastritis: The Updated Sydney System.

Dixon, Michael; Genta, Robert; Yardley, John; Correa, Pelayo; the Participants in the International Workshop on the Histopathology of Gastritis, Houston

American Journal of Surgical Pathology. 20(10):1161-1181, October 1996.

WHEN TO DIAGNOSIS



Intensity of chronic inflammation

WHEN TO ORDER ANCILLARY STUDIES

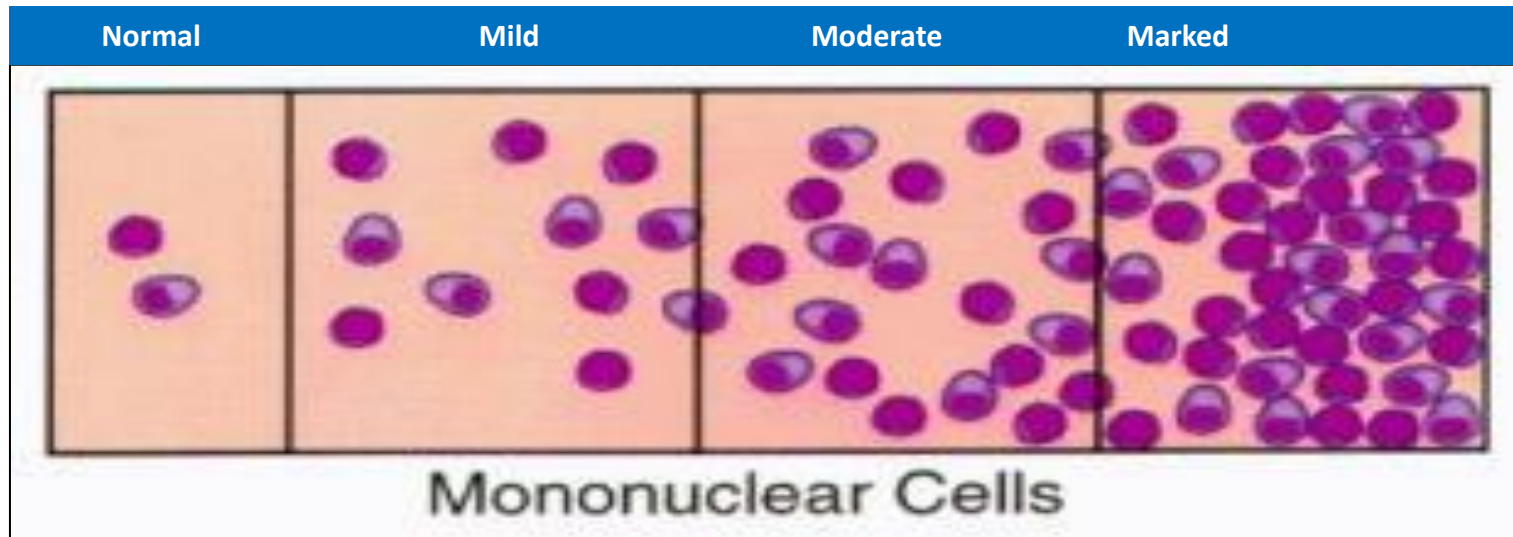
Too sensitive

Too specific

CLINICAL SIGNIFICANCE

Guidelines: When to diagnose...

The normal number of gastric mucosal mononuclear leukocytes in the lamina propria is viewed as a maximum of 2 to 5 lymphocytes, plasma cells and macrophages per highpower (×40 objective) microscopic field: 7-31 cells/mm²



Classification and Grading
of Gastritis:
The Updated Sydney System.

The number of inflammatory cells (B and T cells) was calculated using digital quantification (ImageScope[®]) on immunohistochemically stained slides with CD79a and CD3. The results were obtained as total number of cells/mm²

Guidelines: When to order ancillary studies...

Appropriate Use of Special Stains for
Identifying *Helicobacter pylori*
Recommendations From the Rodger C. Haggitt
Gastrointestinal Pathology Society

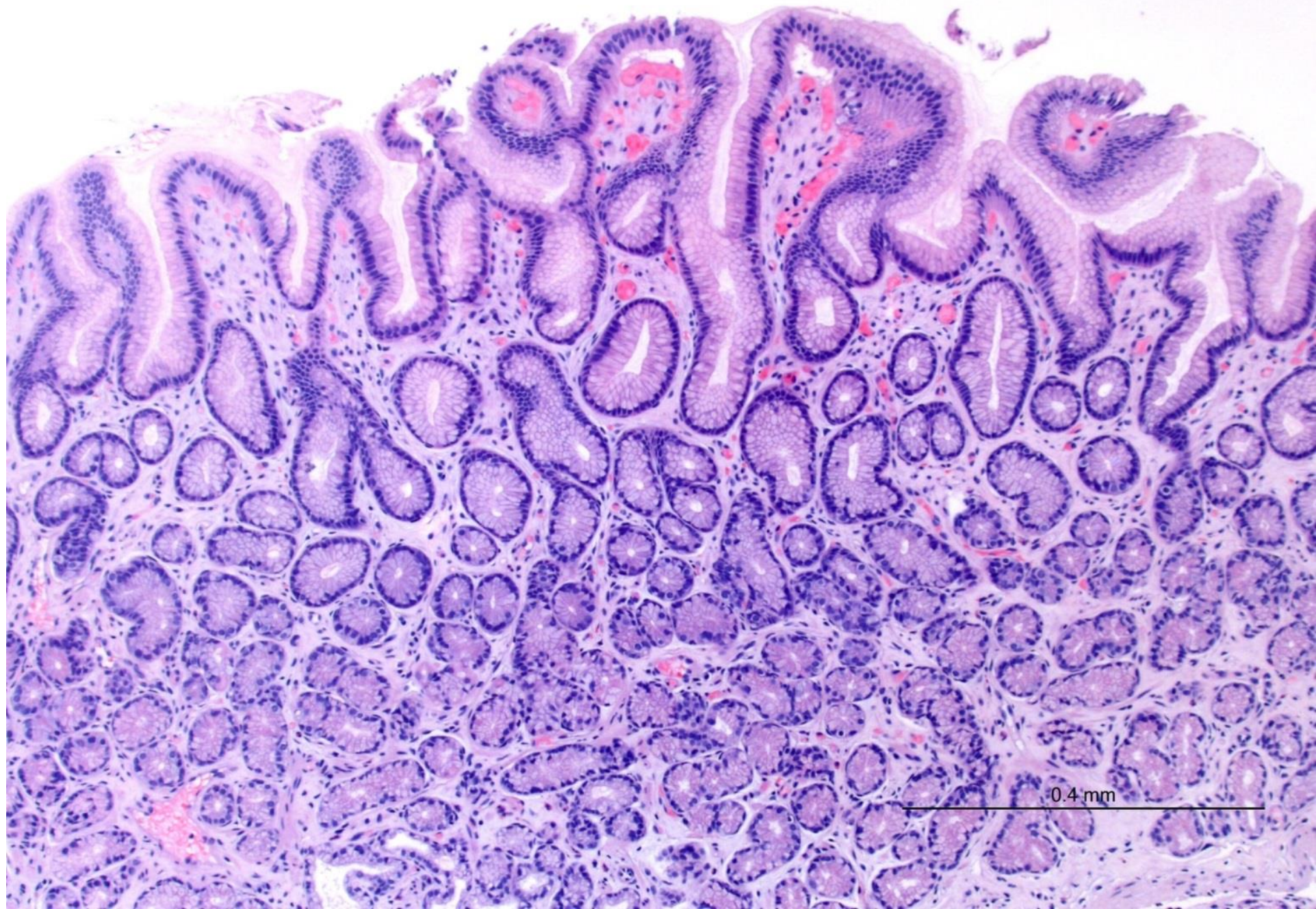
Is it Appropriate to Perform Ancillary Staining if There is a Chronic Inactive Gastritis and *H. pylori* Organisms Are Not Visible by Routine (H&E) Staining?

Biopsies that show moderate or severe mononuclear cell-rich inflammatory infiltrates in the superficial mucosa are more likely to be associated with *H. pylori* than those that show only minimal, or mild, chronic inflammation, so the use of **ancillary stains is recommended when biopsies contain substantial chronic inflammation.**

FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	
SYDNEY: Meets the criteria for IAG	
SURVEY: I will order H. pylori stain/IHC	
GIPS : Should order H. pylori stain/IHC	
Clinical significance	

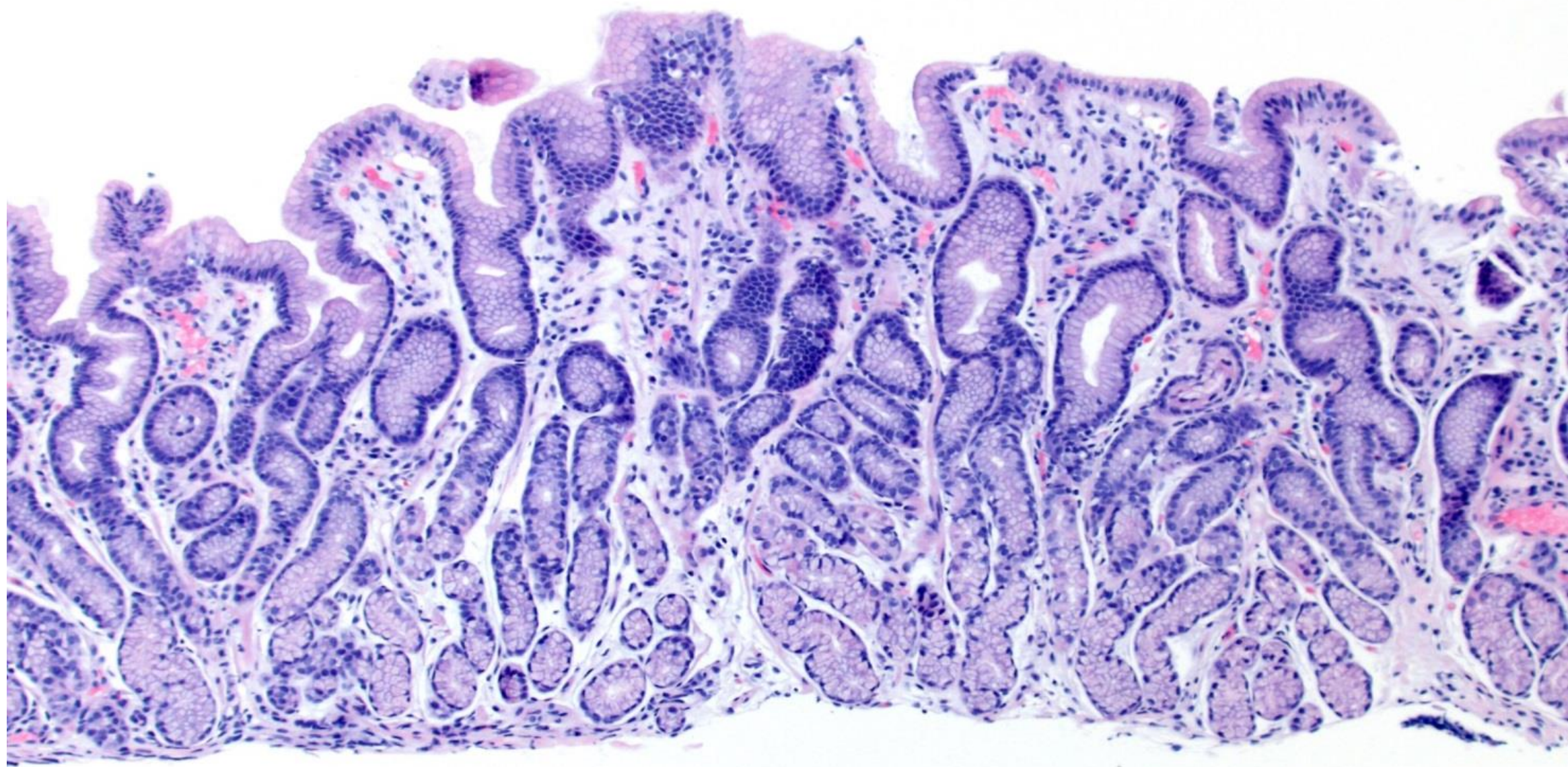


0.4 mm

FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	4/72 (6%)
SYDNEY: Meets the criteria for IAG	Yes; 354 cells/mm²
SURVEY: I will order H. pylori stain/IHC	3/29 (10%)
GIPS : Should order H. pylori stain/IHC	No
Clinical significance	None; patient treated for IBS



0.4 mm

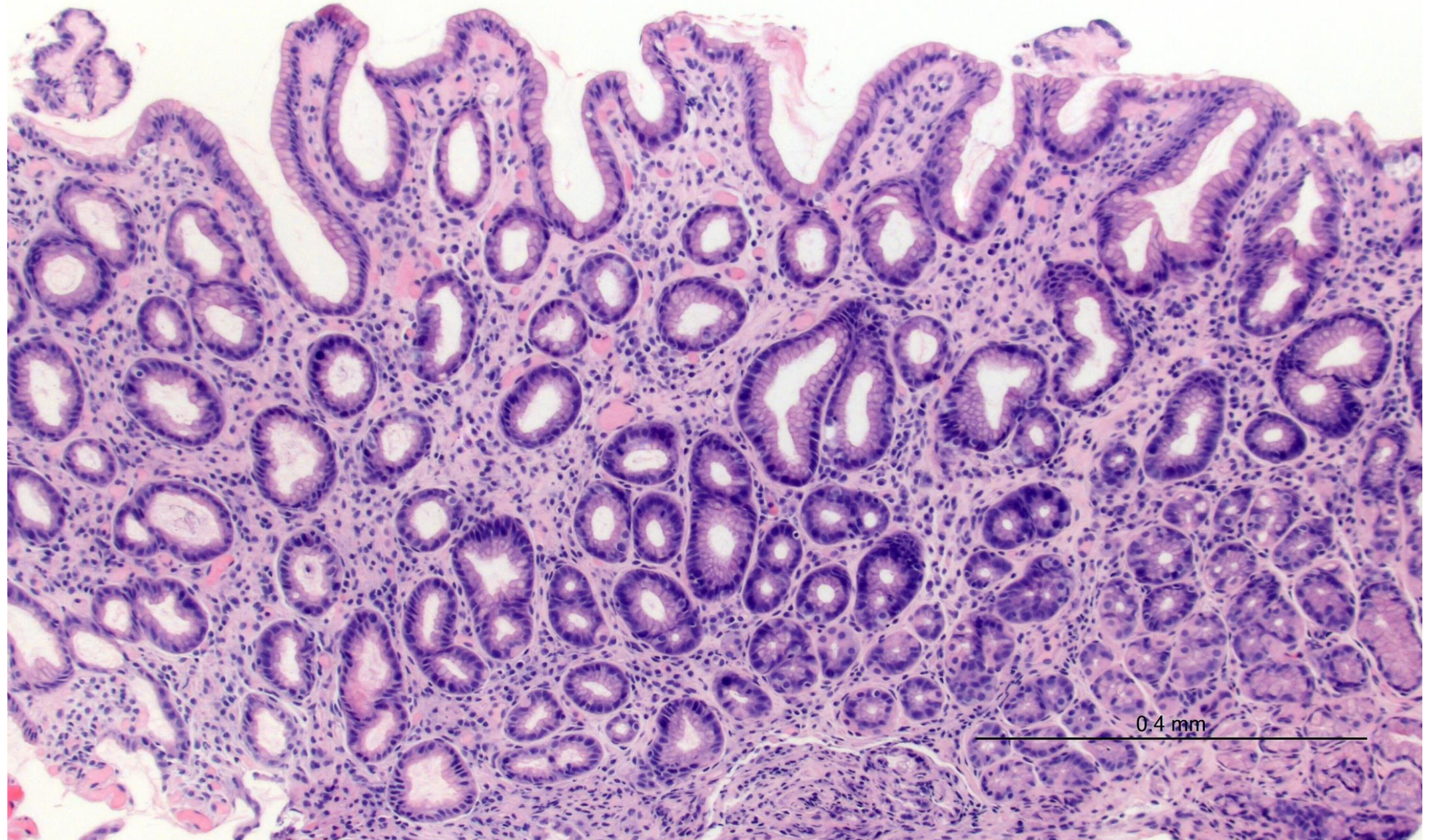
FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	43/72 (60%)
SYDNEY: Meets the criteria for IAG	Yes; 1620 cells/mm ²
SURVEY: I will order H. pylori stain/IHC	20/53 (38%)
GIPS : Should order H. pylori stain/IHC	No
Clinical significance	None; patient treated for celiac disease.

Utility of ancillary stains for *Helicobacter pylori*
in near-normal gastric biopsies^{☆,☆☆}

Human Pathology; 46 (3), 2015: 397-403.

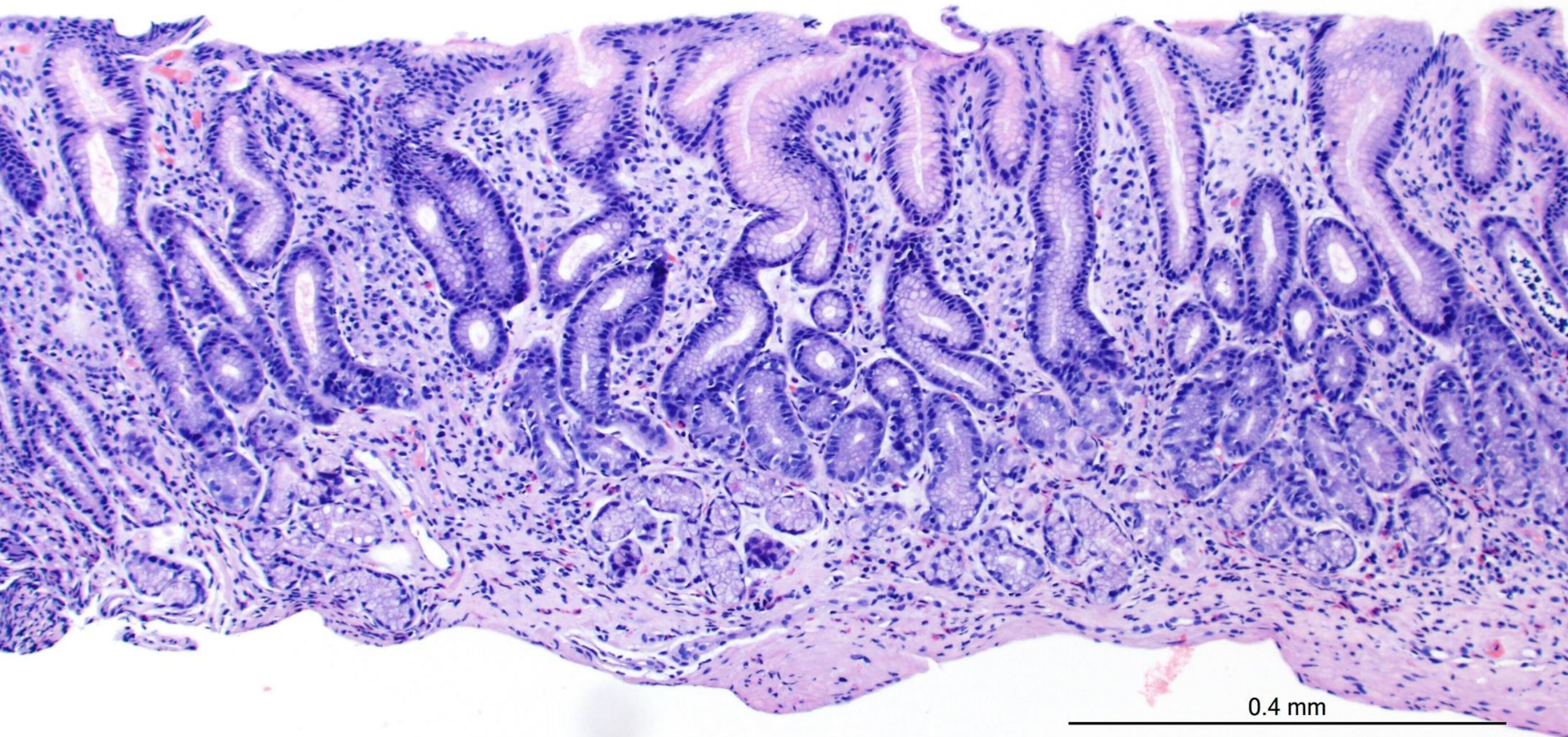


0.4 mm

FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	66/71 (93%)
SYDNEY: Meets the criteria for IAG	Yes; 2253 cells/mm ²
SURVEY: I will order H. pylori stain/IHC	56/68 (83%)
GIPS : Should order H. pylori stain/IHC	Yes
Clinical significance	None; patient treated for Crohn disease.

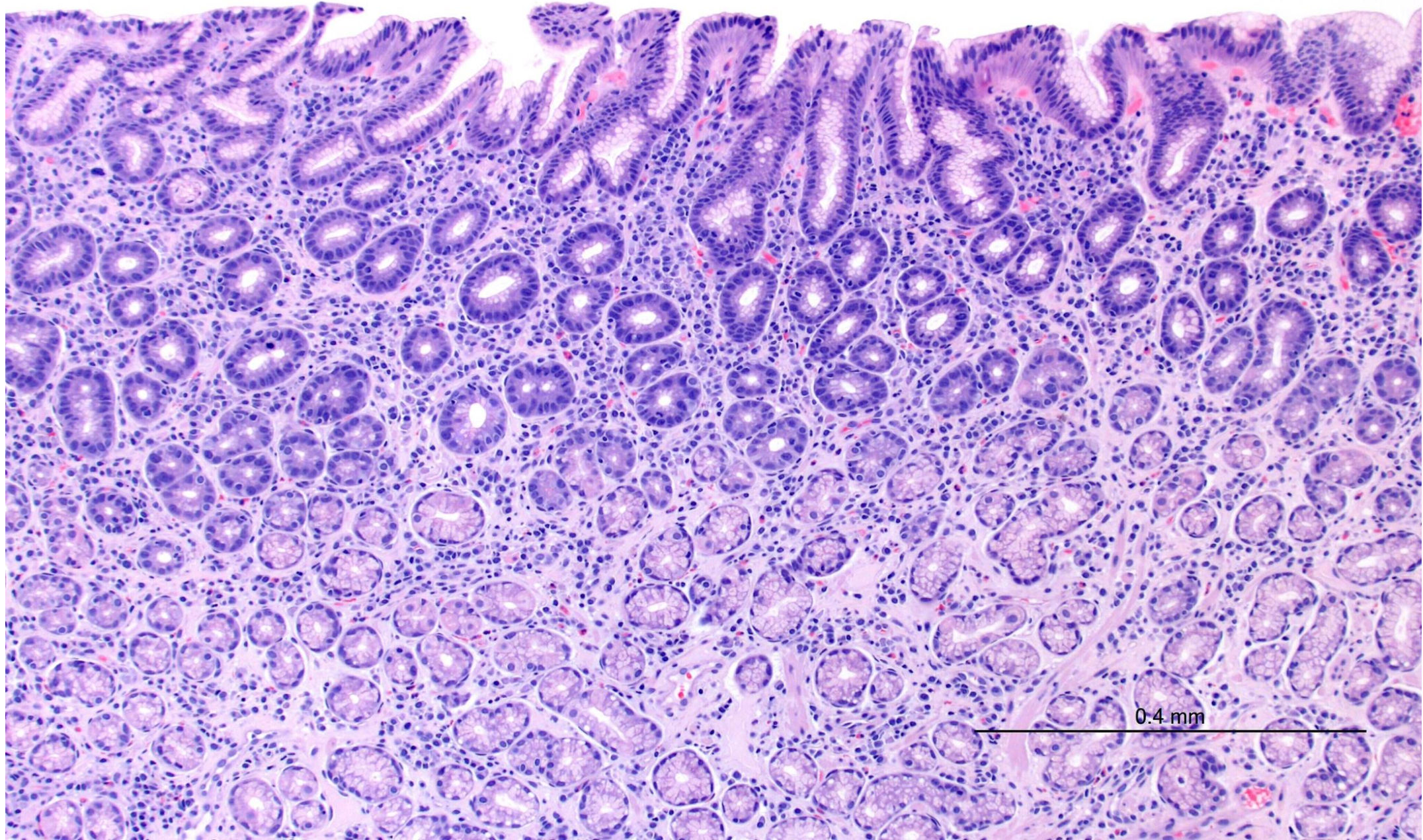


0.4 mm

FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	63/71 (89%)
SYDNEY: Meets the criteria for IAG	Yes; 4218 cells/mm ²
SURVEY: I will order H. pylori stain/IHC	45/65 (69%)
GIPS : Should order H. pylori stain/IHC	Yes
Clinical significance	History of treated HP gastritis x 5 months back. <i>H. pylori</i> IHC and stool antigen negative; omeprazole for ongoing dyspepsia

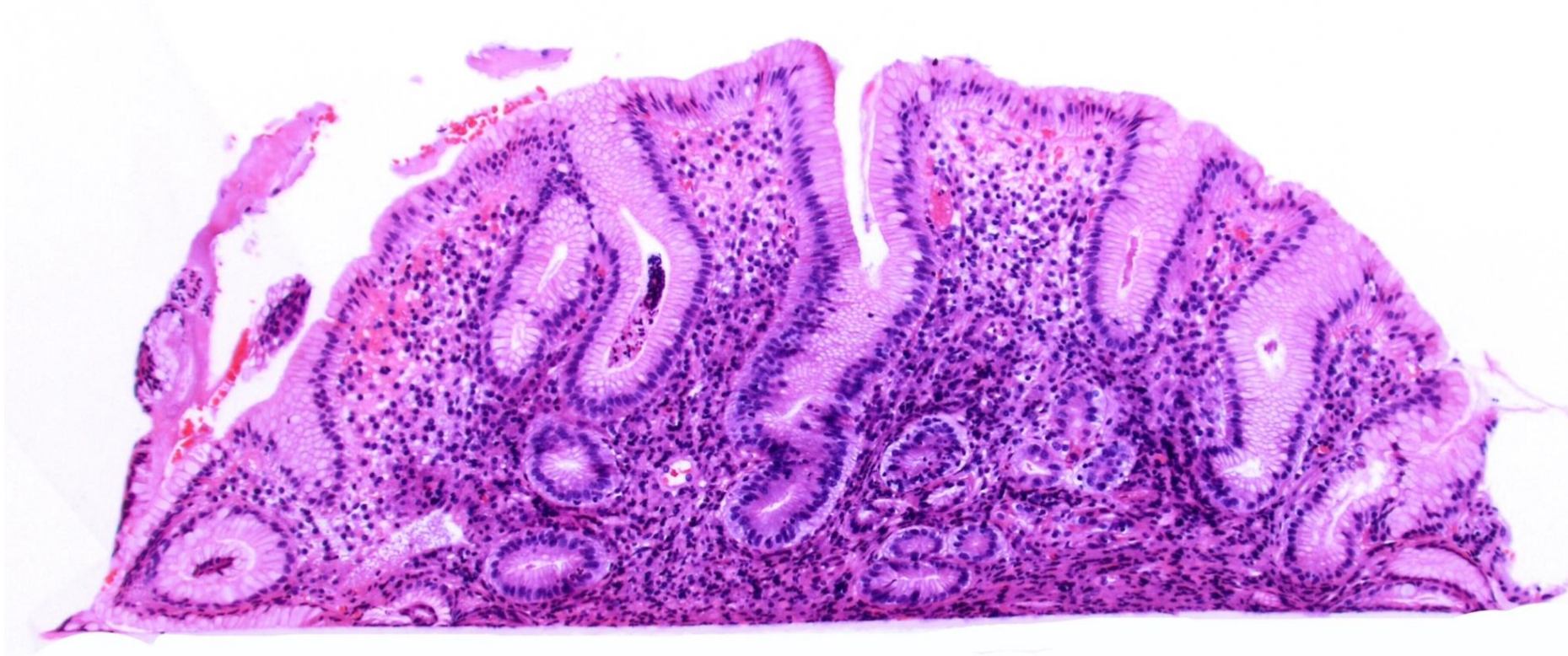


0.4 mm

FORUM: Meets my threshold for IAG



SURVEY: Meets my threshold for IAG	68/71 (96%)
SYDNEY: Meets the criteria for IAG	Yes; 5599 cells/mm ²
SURVEY: I will order <i>H. pylori</i> stain/IHC	64/69 (93%)
GIPS : Should order <i>H. pylori</i> stain/IHC	Yes
Clinical significance	History of treated HP gastritis x 14 months back. <i>H. pylori</i> IHC negative, concurrent stool antigen test positive; treated with bismuth subcitrate/metronidazole/tetracycline.



9907 cells/mm²

Immunohistochemistry for *H. pylori* +
Diagnosed as *H. pylori* gastritis,
Treated with lansoprazole/amoxicillin/clarithromycin

	1	2	3	4	5	6
No of cells (per mm ²)	354	1620	2253	4218	5599	9907
IAG: Survey	✗	↔	↔	✓	✓	
IAG: Sydney	✓	✓	✓	✓	✓	✓
HP stain: Survey	✗	↔	↔	✓	✓	
HP stain: GIPS	✗	✗	↔	✓	✓	✓
Clinical significance	None	None	None	Treated HPG: IHC- Stool antigen -	Ongoing HPG: IHC- Stool antigen +	Ongoing HPG: IHC+ Stool antigen +

	1	2	3	4	5	6
No of cells (per mm ²)	354	1620	2253	4218	5599	9907
IAG: Survey	✘	✘	↔	✓	✓	
IAG: Sydney	✓	✓	✓	✓	✓	✓
HP stain: Survey	✘	✘	↔	✓	✓	
HP stain: GIPS	✘	✘	↔	✓	✓	✓
Clinical significance	None	None	None	Treated HPG: IHC- Stool antigen -	Ongoing HPG: IHC- Stool antigen +	Ongoing HPG: IHC+ Stool antigen +

