

## **DOES CHRONIC ALCOHOLISM CAUSE CHRONIC GASTRITIS?**

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Morphological changes in gastric mucosa in chronic alcoholics have been a subject of exploration for many years. Nowadays connection between alcoholism and chronic gastritis continues to be contradictory and disputable.

We have directed our efforts at studying the morphologic picture of gastric corpus mucosa in chronic alcoholics without significant hepatic injury in order to exclude influence of other factors such as portal hypertension in liver cirrhosis.

We examined 95 men and 3 women at average age of 45,6 years with duration of alcohol abuse between 5 and 15 years. The average consumption of alcohol beverages made equal to absolute alcohol is about 120-150 ml/24 h. We carried out a histomorphologic liver investigation in 92,9% of the alcoholics which indicated steatosis of I, II or III degree in 85,7% and protein, hydropic or vacuolar hepatocyte dystrophia in 14,3%. In the remaining 7,1%, liver steatosis is assumed on the basis of clinical, scan and laboratory criteria. We obtained material for studying gastric mucosa by guided liver biopsy - 6 pieces from gastric body. As a control group we have chosen persons without alcoholism and absence of liver injury.

We established normal mucosa in 33,67% of the alcoholics and in 29,60% among the persons of the control group. The difference is statistically insignificant ( $p > 0,05$ ) (table 1).

Гукся н and Епауцку establish normal mucosa in gastric corpus mainly in non-cirrhotic alcoholics in 10 and 15% of patients, respectively, and Ле Ге ге 8 et al. through autopsy data in 60 alcoholics (35 men and 25 women) find in non of them a normal micosa. Our data are close to those of Pitchumoni and Glass who confirm in similar patients intact gastric corpus mucosa in 30,95 %. In general, chronic gastritis in alcoholics appears in 66,33% against 70,40% in controls. The difference is statistically insignificant as well. Епауцку establishes higher frequency of chronic gastritis in corpus mucosa mainly in non-cirrhotic alcoholics - in 85% total but Гукся н- in 90% of the cases. Data of Pitchumoni and Glass are approximately equal to ours. They find generally chronic gastritis in 69,05%. The lack of statistically significant difference between frequency of normal mu-

cosa and all stages of chronic gastritis in alcoholics with minimal hepatic lesions and the controls gives us the basis to assume chronic alcohol abuse as a non-essential causal factor for developing chronic gastritis.

**Table 1. Histomorphological changes in gastric mucosa in alcoholics with minimal hepatic lesions and in clinically healthy persons**

Histomorphological changes in gastric mucosa	Alcoholics		Control group	
	n	%	n	%
Normal mucosa	33	33,67	66	29,60
Chronic superficial gastritis	28	28,57	73	32,73
Chronic atrophic gastritis temporary exposed	7	7,14	17	7,72
Chron. atr. gastr. exposed without transformation	10	10,20	26	11,66
Chron. atr. gastr. exposed with pseudopyloric transf.	11	11,24	15	6,73
Atr. gastr. exposed with enterization	9	9,18	25	11,21
Gastr. with subtotal atrophy	-	-	1	0,45
Total	98	100	223	100

Other authors (Cheli et al., Pitchumoni and Glass) have come upon similar to our conclusions as they do not find any significant difference between gastric corpus gastritis frequency in alcoholics and non-drinkers. But our results are contradictory to the data of Segava et al., Гукася н, Браулску, Морозов et al. We do not accept the influence of chronic alcoholism over gastric mucosa as indifferent but on the basis of our results we assume chronic alcoholism as a low risk injury factor. For that reason it could not be clearly depicted as an exogenic etiological factor for more frequent chronic gastritis.