

AUTOIMMUNE METAPLASTIC ATROPHIC GASTRITIS IN A FILIPINO PATIENT – A CASE REPORT

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Significance:

Autoimmune metaplastic atrophic gastritis (AMAG) is a chronic progressive inflammatory condition. It includes pernicious anemia, atrophic gastritis, antibodies to parietal cell antigens and intrinsic factor, achlorhydria, hypergastrinemia. It is a significant risk factor for gastric neoplasia. The prevalence is ~0.1% in the general population and ~2% in those older than 60 years old.

Clinical Presentation:

We have a 44/F with no known comorbidities who was apparently well and came in due to epigastric pain. 1 week prior to admission patient noted intermittent epigastric pain, burning and sharp in character, nonradiating lasting for 1 to 2 hours, aggravated by food intake. This was associated with episodes of regurgitation and occasional post-prandial vomiting and dizziness.

Management:

Laboratories done showed megaloblastic anemia with low Vitamin B12 levels and FIT positive. She then underwent endoscopy and colonoscopy which revealed atrophic gastritis and hemorrhoids. Multiple biopsies were taken and were sent for histopathology. Histopathology section taken from the corpus revealed gastric fundic type mucosa with moderate chronic inflammation, mild intestinal metaplasia and severe atrophy, no *H. pylori* seen. Immunohistochemical stains, chromogranin and synaptophysin were requested and specimen stained positive. Further laboratories done also showed elevated serum Gastrin. She was then started on lifelong Vitamin B12 supplementation.

Recommendation:

Autoimmune metaplastic atrophic gastritis is a rare disease entity. It should be suspected in patients with megaloblastic anemia and low Vitamin B12. Laboratory abnormalities that are associated with AMAG include hypergastrinemia, iron deficiency anemia, antibodies to parietal cells and intrinsic factor, and vitamin B12 deficiency. Patients with AMAG have an increased risk for gastric neuroendocrine (carcinoid) tumors and gastric adenocarcinoma. Treatment is centered on lifetime Vitamin B12 supplementation. Endoscopy needs to be done at time of diagnosis to stage the disease. Repeat endoscopy yearly for patients with dysplastic lesions and 3-5 years if with no dysplasia.

Key words: Case report, Autoimmune metaplastic atrophic gastritis, AMAG, Vitamin B12, Endoscopy