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BRIEF REPORT

Study on clinical pathology and immunohistochemistry of chronic erosive gastritis

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Abstract

AIM: To study the clinical pathology of chronic erosive gastritis (CEG) and determine the expression of epithelial tumor markers, oncoprotein p21 and carcinoembryonic antigen (CEA), and G cells by immunohistochemistry.

METHODS: Gastric mucosal biopsies from 40 CEG cases were examined. Histopathology and *Helicobacter pylori* (*Hp*) infection were determined by light microscopy. Thirty-one biopsies from CEG cases were immunostained with antibodies against p21, CEA, proliferation cell nuclear antigen (PCNA), and gastrin using the labeled streptavidin-biotin (LSAB) method.

RESULTS: A total of 35/40 (87.5%) CEG lesions showed antral location; 75% of the lesions were associated with different degrees of atrophic change. Twenty percent presented with mild and moderate atypia of mucosal epithelia and 27.5% showed intestinal metaplasia. Acute inflammatory changes were observed in 25% of the cases. *Hp* was identified in 40.0% of the specimens. Immunohistochemistry studies showed that 67.7% of the CEG mucosal epithelial samples expressed oncoprotein p21 and 29.0% expressed CEA, rates significantly higher than those observed in control samples from a chronic superficial gastritis group. However, PCNA and gastrin expression in mucosal G cells was not significantly different between CEG samples and samples from the control group ($P > 0.05$).

CONCLUSION: CEG is a chronic gastric mucosal proliferative lesion that expresses higher levels of p21 and CEA than control samples. Our observations suggest that antral location of the lesion and *Hp* infection do not participate in the pathological process of CEG.

Key words: Gastritis/pathology; Chronic disease

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