Gastric Erosion Without Bleeding

A Practical Guide For Patients

GastroDoxs

defenders of the digestive system

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Introduction: Gastric Erosion Without Bleeding

Gastric erosion without bleeding refers to one or more shallow areas of damage in the lining of the stomach without evidence of active gastrointestinal bleeding. Gastric erosions may occur as part of erosive gastritis or erosive gastropathy. Gastritis involves inflammation of the stomach lining, while gastropathy involves damage with little or no inflammation.

Many patients have no symptoms. Others may experience upper abdominal discomfort, nausea, indigestion, bloating, reduced appetite, or feeling full soon after beginning a meal. Common contributing factors include nonsteroidal anti-inflammatory drugs, alcohol, bile reflux, and severe physical illness.

Key Takeaways

- Gastric erosions are shallow breaks in the stomach lining.
- “Without bleeding” means active bleeding was not identified at the time of evaluation.
- Erosions may occur with gastritis or gastropathy.
- Many patients have no noticeable symptoms.
- Upper abdominal discomfort, nausea, and indigestion may occur.
- NSAIDs are an important cause of reactive and erosive stomach injury.
- Alcohol and bile reflux may also irritate the stomach lining.
- Severe illness, burns, trauma, or sepsis can cause stress-related erosive gastropathy.
- Upper endoscopy allows the stomach lining to be examined directly.
- Biopsies may help identify inflammation, infection, or another condition.

What Causes Gastric Erosion Without Bleeding?

Known Causes:

Gastric erosions develop when the stomach's protective lining is weakened or injured. Stomach acid and digestive substances can then damage the exposed surface. The cause may be short-term or ongoing, and more than one contributing factor may be present.

- **NSAID use:** Aspirin, ibuprofen, naproxen, and similar medicines can weaken the stomach's protective lining.
- **Alcohol consumption:** Heavy or frequent alcohol exposure can directly irritate the stomach.
- **Bile reflux:** Backward flow of bile from the small intestine may cause reactive gastropathy.
- **Critical illness:** Severe illness can reduce blood flow and protective mechanisms within the stomach lining.
- **Sepsis:** A serious systemic infection may contribute to stress-related erosive injury.
- **Major burns or trauma:** Severe physical stress can increase the risk of acute erosive gastropathy.
- **Cocaine exposure:** Cocaine can damage the stomach lining and reduce tissue blood flow.
- **Chemotherapy or radiation:** Some cancer treatments may irritate or inflame the stomach.
- **Crohn's disease or sarcoidosis:** Inflammatory conditions may occasionally involve the stomach.

Common Signs & Symptoms

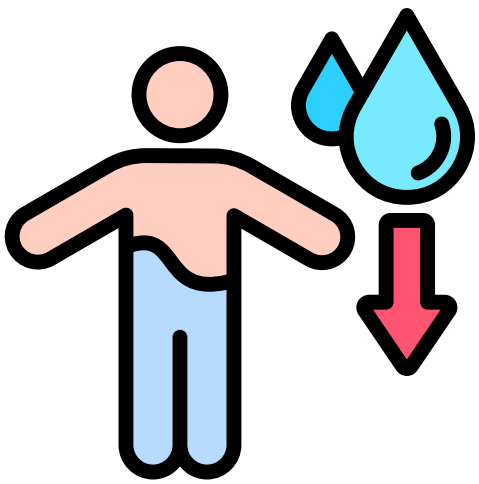
Many patients with gastric erosions have no symptoms. When symptoms occur, they often resemble indigestion. The severity of discomfort does not always indicate how much damage is present, so persistent symptoms may require medical evaluation.

Core Symptoms Include:

- Upper abdominal pain or discomfort
- Burning or aching in the upper abdomen
- Nausea with or without vomiting
- Indigestion or dyspepsia
- Bloating
- Feeling full soon after beginning a meal
- Feeling overly full after eating



Severe cases can also cause:



- Persistent or worsening upper abdominal pain
- Repeated vomiting
- Dehydration
- Difficulty maintaining adequate food intake
- Development of a deeper stomach ulcer
- Iron-deficiency anemia if hidden bleeding later occurs

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Diagnosis & Medical Testing

Diagnosis begins with a review of symptoms, medications, alcohol use, medical conditions, and recent illnesses. Upper gastrointestinal endoscopy is the main procedure used to identify gastric erosions. During endoscopy, the physician can inspect the stomach lining and obtain tissue samples to help determine the cause.

Diagnostic Tools:

- **Medical history evaluation:** Reviews abdominal symptoms, vomiting, appetite, alcohol use, recent illness, and previous stomach problems.
- **Medication review:** Identifies NSAIDs, aspirin, steroids, anticoagulants, antiplatelet medicines, and other possible irritants.
- **Physical examination:** Checks upper abdominal tenderness, hydration, pallor, weight, and signs of complications.
- **Upper gastrointestinal endoscopy:** Directly examines the esophagus, stomach, and duodenum.
- **Gastric biopsy:** Detects inflammation, H. pylori, abnormal tissue, or another stomach disorder.
- **H. pylori breath test:** Identifies active bacterial infection.
- **H. pylori stool antigen test:** Detects infection and may later confirm successful treatment.
- **Complete blood count:** Checks for anemia, infection, or evidence of blood loss.
- **Iron studies:** Evaluate possible iron deficiency when chronic hidden bleeding is suspected.

Diet

Researchers have not found that diet causes most cases of gastritis or gastropathy. Dietary changes cannot directly heal every gastric erosion, but choosing foods that are well tolerated may reduce nausea, fullness, and indigestion while treatment addresses the underlying cause.

Key Insights:

- Eat balanced meals containing protein, vegetables, fruits, and whole grains.
- Choose smaller, more frequent meals if large portions worsen discomfort.
- Eat slowly and chew food thoroughly.
- Stay adequately hydrated.
- Avoid alcohol while the stomach lining is healing.
- Limit foods that repeatedly trigger pain, nausea, or indigestion.
- Reduce spicy foods only when they clearly worsen symptoms.
- Limit fried or high-fat meals if they increase nausea or fullness.
- Reduce caffeine when it aggravates discomfort.
- Avoid prolonged fasting if an empty stomach worsens symptoms.
- Maintain adequate calories and protein during recovery.
- Do not follow an unnecessarily restrictive “gastritis diet.”





Medications & Treatment Options

Treatment depends on what caused the erosion. The healthcare provider may recommend stopping or modifying an irritating medicine, reducing acid production, treating H. pylori, or addressing bile reflux or another underlying disease.

Treatment Options

- **Proton pump inhibitors:** Reduce stomach acid and support healing of the damaged lining.
- **H2 receptor blockers:** Lower acid production in selected patients.
- **Antacids:** May provide temporary relief from acid-related discomfort.
- **Sucralfate:** May protect the stomach lining in selected cases.
- **NSAID discontinuation:** Removes a common cause of gastric injury when medically appropriate.
- **NSAID dose reduction:** May be considered when the medicine cannot be completely stopped.
- **Alternative pain medication:** May replace an irritating medicine when appropriate.
- **Protective acid suppression:** A PPI may be prescribed when continued NSAID therapy is medically necessary.
- **H. pylori eradication therapy:** Uses acid suppression and multiple antimicrobial medicines when infection is confirmed.
- **Bismuth-containing therapy:** May be included in certain H. pylori treatment regimens.
- **Alcohol avoidance:** Prevents continued irritation of the stomach lining.

Advanced Therapies & Procedures

Most gastric erosions without bleeding improve with medication and removal of the underlying irritant. Advanced evaluation or treatment may be needed when symptoms persist, the diagnosis remains uncertain, the erosion does not heal, or complications develop.

Therapy Options:

- **Diagnostic upper endoscopy:** Identifies the location and extent of gastric damage.
- **Endoscopic biopsy:** Determines whether inflammation, infection, precancerous change, or another condition is present.
- **Repeat upper endoscopy:** Assesses healing in persistent, severe, or uncertain cases.
- **H. pylori susceptibility-guided treatment:** Helps select therapy after unsuccessful eradication attempts.
- **Alternative H. pylori therapy:** Uses a different regimen when infection continues.
- **Specialist-directed bile-reflux treatment:** Manages ongoing chemical injury from bile.
- **Nutritional support:** Helps patients with persistent vomiting, poor intake, or weight loss.
- **Intravenous fluids:** Correct dehydration and electrolyte abnormalities.
- **Endoscopic bleeding therapy:** Uses clips, thermal treatment, or another technique if an erosion begins bleeding.
- **Angiographic therapy:** May control severe bleeding that cannot be treated endoscopically.

Coping With Gastric Erosion Without Bleeding

Coping with gastric erosion involves taking treatment consistently, avoiding known irritants, and monitoring for signs of bleeding or worsening disease. Most uncomplicated erosions can heal when the cause is identified and appropriately managed.

Practical Strategies

- Take acid-reducing medication exactly as prescribed.
- Complete all H. pylori medicines when infection is present.
- Attend recommended follow-up appointments.
- Complete testing to confirm that H. pylori has been eradicated.
- Avoid unnecessary NSAID use.
- Discuss safer pain-relief options with a healthcare provider.
- Do not stop medically necessary aspirin or blood thinners on your own.
- Avoid alcohol during healing.
- Stop smoking or seek support for smoking cessation.
- Eat smaller meals when symptoms are active.
- Keep a record of medicines, foods, and drinks that worsen symptoms.
- Maintain adequate hydration.
- Monitor appetite and body weight.







FAQS

Q1: What is gastric erosion without bleeding?
A: Gastric erosion without bleeding is a shallow break in the stomach lining without evidence of active gastrointestinal bleeding. It may occur as part of erosive gastritis or erosive gastropathy.

Q2: What causes gastric erosion without bleeding?
A: Common causes include NSAID use, alcohol, bile reflux, severe illness, sepsis, major burns, trauma, and exposure to other irritating substances. Some inflammatory or infectious conditions may also contribute.

Q3: How is gastric erosion without bleeding diagnosed?
A: Diagnosis usually involves a medical history, medication review, physical examination, and upper endoscopy. Biopsies, H. pylori testing, blood tests, and stool tests may help identify the cause and check for complications.

Q4: How is gastric erosion without bleeding treated?
A: Treatment may include proton pump inhibitors or H2 blockers, stopping or changing an irritating medicine, avoiding alcohol, treating H. pylori when present, and managing bile reflux or another underlying condition.

Take Action

If you experience persistent upper abdominal pain, nausea, indigestion, vomiting, early fullness, or reduced appetite, do not ignore it. Early evaluation can identify gastric erosions and help prevent ulcers, bleeding, or other complications.

Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

For additional resources, visit **GastroDoxs.com**.

Your health starts with knowledge.

Take the first step today!

SCHEDULE AN APPOINTMENT



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