

CICLO CARLOS CHAGAS

DE PALESTRAS

12ª EDIÇÃO

100+15: O TEMPO NÃO PARA
Informação, controle, cuidado e eliminação:
diferentes estratégias para uma doença com
múltiplas dimensões

LIVRO DE RESUMOS

2024

Submission area: clinical aspects

RESUMO 16

GASTRIC CHANGES IN PATIENTS WITH CHAGAS DISEASE: A DESCRIPTIVE STUDY

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The gastrointestinal manifestation of Chagas Disease (CD) is marked by the engagement of the esophagus and/or colon. Several studies propose the potential involvement of the stomach in CD, indicating a plausible "chagasic gastropathy". The gastric changes usually identified by upper endoscopy are gastropathy, related to any abnormality that affects the stomach, and gastritis, which necessarily involves an inflammation process. A study was conducted on patients with CD and treated at INI-Fiocruz between 2006 and 2011. The study focused on individuals exhibiting symptoms such as dysphagia, regurgitation, heartburn, dyspepsia, epigastric fullness, and abdominal pain. The participants underwent an esophagogastroduodenoscopy (EGD) protocol, which involved the examination of the stomach. The assessment aimed to identify the presence of gastric peptic ulcers, gastritis, gastropathy, and gastroparesis. Gastric tissue samples were collected for *Helicobacter pylori* (HP) analysis. The study included 404 patients (68.4% women) with a median age of 55.8 years. 206 (50.9%) had altered exams. The majority were born in areas with high prevalence (52.2%) and morbidity (67.8%) of CD, mostly Minas Gerais and Bahia, and had moved away from endemic areas for >20 years (65.8%). Regarding the clinical form, cardiac was the most frequent (42.5%), following indeterminate (37.3%), digestive (8.9%), and cardiodigestive (11.3%). 316 (78.2%) had abnormal exams and of these, 206 (51%) had gastric changes. Among the gastric changes, 86 (41.7%) had gastropathy, 85 (41.2%) gastritis, 40 (19.4%) gastric peptic ulcer and 6 (2.9%) gastroparesis. The presence of HP was detected in 60.6% of patients. In our study, we identified an 83% prevalence of gastropathy and gastritis, as well as gastric peptic ulcer (19%), higher than the general population (without CD). Although only 3% had gastroparesis, it was higher than the general average (<1%). The general prevalence of HP in the world population varies between 11% and 69%. The prevalence of HP in our study was compatible with a study that showed a prevalence of 64% in the Brazilian population (without CD). Coinfection between *T. cruzi* and HP is common. There seems to be a connection between hypochlorhydria, and gastric alterations produced by CD that may increase the probability of HP infection.

Gastric changes in patients with Chagas disease: a descriptive study

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Introduction

The gastrointestinal manifestation of Chagas Disease (CD) is marked by the engagement of the esophagus and/or colon. Several studies propose the potential involvement of the stomach in CD, indicating a plausible “chagasic gastropathy”.

The gastric changes usually identified by upper endoscopy are gastropathy, related to any abnormality that affects the stomach, and gastritis, which necessarily involves an inflammation process

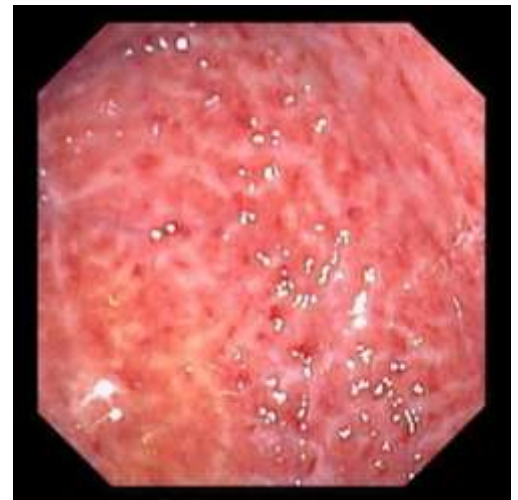
Methodology

A study was conducted on patients with CD and treated at INI-Fiocruz between 2006 and 2011.

The study focused on individuals exhibiting symptoms such as:

- Dysphagia;
- Regurgitation;
- Heartburn;
- Dyspepsia;
- Epigastric fullness;
- Abdominal pain.

The participants underwent an esophagogastroduodenoscopy (EGD) protocol, which involved the examination of the stomach. The assessment aimed to identify the presence of gastric peptic ulcers, gastritis, gastropathy, and gastroparesis. Gastric tissue samples were collected for *Helicobacter pylori* (HP) analysis.



Gastritis. In <https://www.msmanuals.com/>

Results

The study included 404 patients (68.4% women) with a median age of 55.8 years. 316 (78,2%) had altered exams. The majority were born in areas with high prevalence (52.2%) and morbidity (67.8%) of CD, mostly Minas Gerais and Bahia, and had moved away from endemic areas for >20 years (65.8%). Regarding the clinical form, cardiac was the most frequent (42.5%), following indeterminate (37.3%), digestive (8.9%), and cardiodigestive (11.3%). Among patients with altered exams, 206 (65,1%) had gastric changes. Among the gastric changes, 171 (83,6%) had gastritis, 40 (19,4%) gastric peptic ulcer and 6 (2,9%) gastroparesis. The presence of HP was detected in 60.6% of patients.

Conclusion

In our study, we identified an 78% prevalence of gastropathy and gastritis, as well as gastric peptic ulcer (19%), higher than the general population (without CD). Although only 3% had gastroparesis, it was higher than the general average (<1%). The general prevalence of HP in the world population varies between 11% and 69%. The prevalence of HP in our study was compatible with a study that showed a prevalence of 64% in the Brazilian population (without CD). Coinfection between *T. cruzi* and HP is common. There seems to be a connection between hypochlorhydria, and gastric alterations produced by CD that may increase the probability of HP infection