

## ROLI I BIOPSISË GASTRIKE NË DIAGNOZËN E GASTRITEVE

MAJLINDA BUBA, MEHDI ALIMEHMETI\*

## Summary

## THE ROLE OF GASTRIC BIOPSIES IN THE DIAGNOSIS OF GASTRITIS

**Introduction:** The endoscopic examination of stomach is very developed nowadays, development which was enhanced by the introduction in the practical routine of flexible, fiberoptic gastroscopes. Thus endoscopy has opened a window for in vivo observation of gastric mucosa, including the pathologist in a very important diagnostic activity, which immediately will influence the treatment of different pathologies of stomach.

**Objectives:** The aim of this writing is to introduce the gastroenterologist and the general practitioner to histopathologic report of gastric biopsies, the language used in them, which will help in understanding the essence of biopsy reports, and which will improve our collaboration.

**Anatomy and histology of stomach:** stomach is made up of four layers (mucosa, submucosa, muscularis, serosa) three of which have the same structure all over the stomach. Mucosa has different histology in different parts of stomach which influence the different ways "of getting sick" of them.

**The role of histopathologic examination in the practical clinic:** this examination will give answer to different clinical questions. It can define the etiology of an inflammatory lesion (e.g infective, chemical etc.), monitor the effect of therapy, differentiate a neoplastic from a nonneoplastic lesion, identify preneoplastic lesions, and grade its risk for neoplastic development.

**The guidelines for gastric biopsy prelevment:** It is important to sample material from different parts of stomach, because only this way we can evaluate the background in which a gastric pathology has arisen, and help the clinician in patient management. The standart ways of prelevment are: 2 samples from antrum, 2 samples from corpus and 2 samples from incisura angularis.

**The language of histopathologic report:** This report is a way of communication between pathologist and clinician and it should be understandable and predictive. It is built in two parts: the first is the information about the examined material (if it is adequate for definitive diagnosis or not), the second is the diagnostic conclusion which should be the essence of the pathologic report.

**Conclusions:** It is very important to put in application the guidelines for gastric biopsy prelevation, and for the histopathologic report. This is the way to improve the collaboration between endoscopist and pathologist in a definitive diagnosis for the management of the patient.

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Nga Fakulteti i Mjekësisë, Departamenti i Anatomisë Patologjike, Tiranë.

Adresa për letërkëmbim: Buba M., Fakulteti i Mjekësisë, Departamenti i Anatomisë Patologjike, Tiranë.