CONDITION

Varioliform gastritis

Varioliform gastritis is an uncommon pattern of raised, inflamed stomach lining with small central erosions.

WHAT IT IS
Raised stomach lesions with small central erosions

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Upper abdominal pain, nausea, vomiting, early fullness

WHAT CAUSES IT
Unclear; sometimes infection, medicines, or immune-related inflammation

HOW IT IS DIAGNOSED
Upper endoscopy with stomach biopsies

MAIN TREATMENT
Treating the cause and reducing stomach acid

CAN IT BE CURED?
Sometimes - improves when the cause is treated

IS IT AN EMERGENCY?
Sometimes - vomiting blood or black stools

LONG-TERM OUTLOOK
Often manageable; follow-up depends on biopsy findings

Overview

Varioliform gastritis is an uncommon pattern of inflammation in the stomach lining. During an upper endoscopy, it appears as multiple raised areas with a small erosion, or shallow break, in the centre. The word "varioliform" describes this appearance. It is not related to smallpox or any skin infection.

The term describes what the stomach looks like rather than naming one single cause. Biopsy results may show different types of inflammation. Some people have increased numbers of lymphocytes, which are immune cells. This is called lymphocytic gastritis. However, not every varioliform appearance has the same microscopic findings.

Varioliform gastritis matters because its symptoms can resemble several other digestive conditions. Its raised areas can also look like polyps or, less often, more serious changes.

Endoscopy and tissue samples are therefore important for confirming what is present.

Evidence about this condition is limited, and medical terminology has changed over time. Your care is usually based on your symptoms, biopsy findings, medicines, and whether a cause such as Helicobacter pylori infection is found.

Symptoms

Some people have no symptoms. The changes may be found during an endoscopy performed for another reason.

When symptoms occur, they often involve the upper abdomen. Possible symptoms include:

Small surface erosions can sometimes bleed. Slow blood loss may lead to iron-deficiency anaemia, meaning the body does not have enough healthy red blood cells because its iron stores are low. This may cause tiredness, weakness, pale skin, shortness of breath, or headaches.

More obvious bleeding can cause vomit containing red blood or material that looks like coffee grounds. Digested blood may make bowel movements black and sticky. These symptoms need urgent assessment.

Symptoms alone cannot show whether you have varioliform gastritis. Reflux, peptic ulcers, gallbladder conditions and several other problems can cause similar discomfort.

- Burning, aching, or discomfort in the upper abdomen
- Nausea or occasional vomiting
- Feeling full soon after starting a meal
- Bloating, belching, or reduced appetite
- Indigestion or discomfort after eating

Causes and risk factors

The exact cause is not always clear. Varioliform gastritis appears to be a reaction pattern that can develop in response to different types of irritation or inflammation.

Possible associated factors include:

Alcohol and smoking can irritate the stomach and make symptoms or healing worse. They are not proven to be the sole cause of this specific appearance.

Varioliform gastritis is not generally considered an inherited condition. It is also not itself

contagious. If H. pylori is present, the infection can pass between people, although exactly when transmission occurred is usually impossible to determine.

- ** H. pylori infection:** This bacterium can live in the stomach lining and cause long-term inflammation. It is found in some, but not all, people with this pattern.
- Immune-related inflammation: Some biopsies show many lymphocytes. Lymphocytic gastritis can be associated with coeliac disease, an immune reaction to gluten, although this does not apply to everyone.
- Medicines: Non-steroidal anti-inflammatory drugs like ibuprofen or naproxen , or NSAIDs, can damage the stomach lining. Examples include ibuprofen and naproxen. Other medicines may also contribute to stomach irritation.
- Other stomach conditions: Different forms of chronic gastritis may occasionally produce raised or eroded areas.

Diagnosis

The main test is an upper endoscopy, also called a gastroscopy. A thin, flexible camera is passed through the mouth to examine the food pipe, stomach and first part of the small intestine. Sedation or throat-numbing medicine may be offered.

During the procedure, the raised areas may appear round or oval, with a shallow central erosion. Their size and location can differ from one person to another.

Appearance alone is not enough to confirm the nature of the changes. Small tissue samples, called biopsies, are taken from affected areas and often from other parts of the stomach. A pathologist examines them under a microscope.

Biopsies can help identify:

Tests for H. pylori may also include a breath test or stool test. Blood tests can check for anaemia, iron deficiency, vitamin deficiencies or signs of another condition. If the biopsy suggests lymphocytic gastritis, testing for coeliac disease may be considered.

- The type and extent of inflammation
- Lymphocytic gastritis or another inflammation pattern
- H. pylori infection
- Thinning of the stomach lining or intestinal metaplasia, in which stomach cells change to resemble intestinal cells
- Polyps, abnormal cell changes, or cancer

Treatment and management

Treatment is based on the likely cause and the biopsy results. There is no single treatment that is right for every varioliform appearance.

If H. pylori is found, treatment usually involves a combination of antibiotics and an acid-reducing medicine like omeprazole or lansoprazole . The exact combination is selected according to local antibiotic resistance, allergies, previous antibiotic use and current guidance. A breath or stool test is generally used afterward to confirm that the infection has cleared.

Proton pump inhibitors reduce stomach acid and may allow erosions to heal. Other acid-reducing medicines may sometimes be used. These medicines can improve symptoms, but symptom relief does not by itself prove that the stomach lining has fully healed.

If an NSAID or another medicine may be contributing, a healthcare professional can review whether it can be stopped, changed or used with stomach protection. Do not stop prescribed aspirin, anti-inflammatory medicine or blood-thinning treatment without advice, because it may have been prescribed for an important reason.

When coeliac disease is confirmed, treatment involves a strict gluten-free diet with appropriate nutritional support. A gluten-free diet is not a treatment for varioliform gastritis unless coeliac disease or another clear reason has been identified.

Iron or other nutrients may be replaced if blood tests show a deficiency. Significant bleeding can require hospital treatment and an endoscopic procedure to control it.

Diet changes may ease symptoms, but no particular food plan has been shown to remove the varioliform pattern itself. Smaller meals and avoiding foods that repeatedly trigger discomfort may help while the lining heals.

Complications

Many people do not develop serious complications. Possible problems come from the erosions, ongoing inflammation, or an underlying condition.

These can include:

A varioliform appearance does not mean that you have stomach cancer. Because raised or irregular areas can resemble other conditions, biopsies are needed to exclude abnormal cell growth.

Long-term cancer risk cannot be judged from the endoscopic appearance alone. Follow-up is guided by the biopsy. Findings such as extensive atrophy, intestinal metaplasia or abnormal

cells may require monitoring that would not be needed for uncomplicated inflammation.

- Bleeding from the stomach lining
- Iron-deficiency anaemia from slow blood loss
- Persistent pain, nausea, or difficulty eating enough
- Recurring inflammation if the underlying cause remains
- Nutritional deficiencies associated with coeliac or chronic stomach disease

Prevention

Varioliform gastritis cannot always be prevented because its cause is often uncertain.

You may be able to reduce avoidable stomach injury by using NSAIDs only as directed and discussing frequent use with a healthcare professional. Avoid combining over-the-counter anti-inflammatory medicines unless you have been told it is safe.

Not smoking and limiting alcohol may reduce stomach irritation and support healing, although these steps cannot guarantee prevention.

There is no vaccine routinely used to prevent H. pylori . Normal hand hygiene and safe food and water practices are sensible, but many people acquire the infection without knowing when or how it happened.

If you have already been treated, completing recommended testing for H. pylori clearance and attending follow-up for important biopsy findings can reduce the chance that a treatable cause remains unnoticed.

Living with it and what to expect

The course over months and years is not the same for everyone. Some people improve after H. pylori is cleared, an irritating medicine is changed, or stomach acid is controlled. Others continue to have intermittent indigestion even after the erosions improve.

Symptoms and the appearance of the stomach do not always change together. You may feel better before the lining has fully healed, or have mild inflammation without ongoing symptoms.

Whether you need another endoscopy depends mainly on what the biopsies showed, whether symptoms or bleeding continue, and whether the original examination clearly excluded other conditions. Repeat endoscopy is not automatically necessary for every person.

Routine follow-up may include checking blood counts or iron levels, confirming that H. pylori

has cleared, and reviewing ongoing medicines. If biopsies found intestinal metaplasia, abnormal cells or another specific condition, longer-term monitoring may be discussed.

Most day-to-day activities can continue as tolerated. Keeping a brief record of meals, medicines and symptoms may help identify personal triggers, but highly restrictive diets can cause nutritional problems and are rarely needed without a confirmed diagnosis.

When to get medical help

Arrange a routine appointment if upper abdominal discomfort, nausea, early fullness or reduced appetite continues or repeatedly returns. Follow-up is also important if you have been told that biopsies or blood tests need reviewing.

Seek prompt medical assessment for:

Get emergency help for:

These signs can indicate significant bleeding or another urgent digestive problem.

- Repeated vomiting or difficulty keeping fluids down
- Unexplained weight loss
- Increasing difficulty swallowing
- Ongoing tiredness, weakness or shortness of breath
- Symptoms that continue despite treatment
- New symptoms after starting an anti-inflammatory or blood-thinning medicine
- Vomiting blood or material resembling coffee grounds
- Black, sticky bowel movements, especially with weakness or dizziness
- Fainting, confusion, marked breathlessness or a rapid heartbeat
- Sudden severe abdominal pain or a hard, very tender abdomen

Common questions

Is varioliform gastritis cancer?

No. It is an inflammatory appearance, not a diagnosis of cancer. However, raised stomach lesions can have several causes, so biopsies are important. Your individual risk is based on the tissue findings rather than the word "varioliform."

Does varioliform gastritis go away?

It sometimes improves or resolves when a cause such as H. pylori infection or medicine-related irritation is addressed. Persistent immune-related inflammation may need longer follow-up. Improvement cannot be predicted from symptoms alone.

* Is it always caused by H. pylori ? *

No. H. pylori is found in some people, but immune-related inflammation, medicines and other forms of gastritis may produce a similar appearance. Sometimes no definite cause is identified.

What should I eat with varioliform gastritis?

There is no specific diet proven to cure it. Choose foods you tolerate and consider smaller meals if fullness or nausea is a problem. Avoiding alcohol and personal triggers may help. Do not remove gluten long term unless coeliac disease or another reason has been confirmed.

Will I need another endoscopy?

Not necessarily. Repeat endoscopy may be recommended if symptoms or bleeding continue, the initial findings were uncertain, or biopsies showed changes needing surveillance. Uncomplicated inflammation may instead be followed through symptoms, blood tests and testing for H. pylori clearance.

Can I pass it to someone else?

The varioliform pattern itself cannot spread between people. H. pylori , if present, can be transmitted, but household members are not automatically assumed to be infected.

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