Effect of Ursodeoxycolicacid in Treatment of Bile Gastritis

S. Kazem Nezam,1 Alireza Bakhshipour,1 Marzieh Movahhedi1

1. Department of Internal Medicine, Zahedan University of Medical Sciences, Zahedan, Iran

Article information

Article history:
Received: 30 Jan 2011
Accepted: 11 May 2011
Available online: 19 Oct 2011

Keywords:
UDCA
Bile
Gastropathy
Gastritis

*Corresponding author at:
Zahedan University of Medical Sciences, Zahedan, Iran
E-mail: arbakhshipour@yahoo.com

Abstract

Background: Bile gastritis (gastropathy) is a kind of gastritis which is caused by reflux of bile contents through duodenum on stomach. It can occur spontaneously without any form of pylorus damage. Upper endoscopy of patients with bile gastritis shows gastric mucosal erythema and epithelial damage. Bile gastritis is a common disorder which occurs after stomach surgeries in which pylorus are damaged (secondary bile gastritis) [2, 4]. Sometimes it can occur spontaneously without former surgeries (primary bile gastritis) [2], particularly in addicted people to opiates [4]. Because of bile reflux on stomach, Patients with bile gastropathy suffer from abdominal pain, vomiting and nausea, which are severer after eating [5]. Upper endoscopy of patients with bile gastritis shows gastric mucosal erythema and epithelial damage [6]. There are diverse treatments for patients suffering from bile gastritis; however, often treating with drugs including sucralfate, prokinetic agents like metoclopramide, proton-pump inhibitors (PPIs), H₂ blockers, cholestyramine as well as surgical treatments such as choledochojunostomy have been offered for treating bile gastritis [8]. Ursodeoxycholic acid (UDCA), which is used to treat cholestatic liver disease and gallstones, decreases bile movement towards stomach and changes bile contents, hence reduces intensity and repetition of symptoms; however, some contradictory results have been gained through applying this drug for patients with bile gastritis [8, 9].

Results: A total of sixty 19-70 year-old patients (Mean: 46 years old) included in this study. At the end of the study, there was not found any meaningful difference between the two groups in terms of pain intensity, heartburn intensity, severity of bloating, vomiting and early satiety; however, each group independently showed improvement of the mentioned indices after termination of the treatment (p=0.0005).

Conclusion: Adding UDCA to the standard treatment (sucralfate) is not clinically effective in curing the bile gastritis.

Introduction

Bile gastritis is a kind of gastritis which is caused by reflux of bile contents through duodenum on stomach [1]. Stomach pH is increased when bile pours in it and its bile acids cause mucosal lesions [2]. Bile reflux on stomach makes many complications including peptic ulcer, antral gastritis, bile gastritis, stomach cancer, esophageal stricture and dysphasia [3]. Bile gastritis is a common disorder which usually occurs after stomach surgeries in which sphincter of pylorus are damaged (secondary bile gastritis) [2, 4]. Sometimes it can occur spontaneously without former surgeries (primary bile gastritis) [2], particularly in addicted people to opiates [4]. Because of bile reflux on stomach, Patients with bile gastropathy suffer from abdominal pain, vomiting and nausea, which are severer after eating [5]. Upper endoscopy of patients with bile gastritis shows gastric mucosal erythema and epithelial damage [6]. There are diverse treatments for patients suffering from bile gastritis; however, often treating with drugs including sucralfate, prokinetic agents like metoclopramide, proton-pump inhibitors (PPIs), H₂ blockers, cholestyramine as well as surgical treatments such as choledochojunostomy have been offered for treating bile gastritis [8]. Ursodeoxycholic acid (UDCA), which is used to treat cholestatic liver disease and gallstones, decreases bile movement towards stomach and changes bile contents, hence reduces intensity and repetition of symptoms; however, some contradictory results have been gained through applying this drug for patients with bile gastritis [8, 9].

Materials and Methods

In this randomized double-blind controlled clinical trial all patients who have referred to clinic because of dyspepsia and were volunteer to undertake endoscopy and were positive in terms of having bile gastritis, were enrolled in the study after endorsing a written consent. Secondary bile gastropathy, malignancies, peptic ulcer or any additional pathology made volunteers unqualified for the study were excluded from study. The allocation of patients was set through blocked randomization. All demographic information and symptoms of patients along with the clinical and endoscopic signs were recorded using questionnaires before beginning treatment. The patients were divided into two groups; case group was treated by UDCA, omeprazole and sucralfate and control group was treated with placebo, omeprazole and sucralfate for two weeks. Then no treatment was practiced for one week and finally, at the end of the third week of
treatment patients were reexamined. The descriptive tests of \( \chi^2 \), McNemar and variance analysis tests were used to compare two groups. \( p<0.05 \) is considered meaningful.

**Results**

A total of 60 patients including 24 women and 36 men enrolled in the study. Age range was 19 to 70 years, with a mean of 46 years. Out which 38 individuals (63%) were addicted to opium. Epigastric pain in 55 patients (92%), bloating in 56 patients (93%), heartburn in 50 patients (83%), early satiety in 27 patients (45%) and vomiting after eating in 34 patients (64%) were seen. The results indicated that no meaningful difference was obtained between two groups in average values of various indices including pain intensity, heartburn, bloating before treatment and also after treatment (Table 1). However, each group independently experienced better results after taking treatments (\( p=0.0005 \)).

**Table 1.** Comparison of pain intensity, heartburning and bloating before and after treatment

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Mean±SD</th>
<th>( p )-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloating</td>
<td>Before ( T_x ) Case</td>
<td>2.83±1.34</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>After ( T_x ) Case</td>
<td>2.37±1.27</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>3.03±1.31</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.63±1.09</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Heartburn</td>
<td>Before ( T_x ) Case</td>
<td>2.57±1.54</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>After ( T_x ) Case</td>
<td>1.43±1.22</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>1.43±1.13</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.90±1.44</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Pain</td>
<td>Before ( T_x ) Case</td>
<td>5.4±3.46</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>After ( T_x ) Case</td>
<td>6.63±3.10</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.10±2.63</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>2.73±2.86</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

\( T_x \) treatment

Likewise, although early satiety and vomiting after eating values decreased in each group (\( p=0.0005 \)) but didn’t show any meaningful difference between the both groups (Table 2).

**Table 2.** Comparing early satiety and vomiting before and after eating

<table>
<thead>
<tr>
<th>Variable</th>
<th>Early satiety</th>
<th>Vomiting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before ( T_x )</td>
<td>After ( T_x )</td>
</tr>
<tr>
<td>Case</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Control</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

**Discussion**

Our study illustrated that adding UDCA to sucralfate is not effective to reduce symptoms in patients with bile gastropathy. UDCA alleviates gastritis via changing bile acids composition and decreasing epidermal growth factor in stomach, thus, it has been used to treat bile gastropathy caused by gastric or gallbladder surgeries, ie; secodry bile gastropathy [3, 4, 8, 9]. However, it has not been approved as the standard treatment for the bile gastritis yet. The recovery rate in pain intensity, heartburn, early satiety, nausea and vomiting developed after treatment in both groups have considerable statistical value which it can be attributed to sucrifate rather UDCA. Therefore, it can be said that according to our study adding UDCA to sucralfate is futile to cure bile gastropathy and patients do not need to pay more costs for their treatment. However, we cannot reject any effective role for UDCA in treating bile gastritis and any more comments about this issue entails more studies on bigger samples and comparing them with other treatments such as sucralfate.

Stefaniwsky et al. studied 12 patients with the secondary bile gastritis; they prescribed 1000 mg UDCA per day for the test case group and 1000 mg placebo for the control group. When the treatment period was wrapped up, patients in UDCA group showed a considerable improvement; however, no effect was seen on the endoscopic profile.

Analysis of amount and type of the bile acids during treatment UDCA constituted 50 percent of whole bile acids, but amounts of colic acid and deoxy-colic have been decreased and the author concluded that the increased amounts of UDCA causes alleviate bile gastritis [8]. Most previous studies and even medical texts, bile gastritis has been introduced as the disorder caused by gastric and gallbladder surgeries [3, 4]. Only one reason has been pointed as a non-surgical cause for this disease [4, 5], but it is expected that both of them have identical pathology, symptoms and even treatments [7].

With regard to the fact that in our study, variables have been based on questionnaires filled by patients (i.e. subjective signs and criteria), hence personal comments of patients may affect the results and objective criteria such as endoscopy after treatment, measuring bile salts of stomach and/or pathology have not been used. Therefore, it may prevent us to analyze precisely the effect of UDCA on treating bile gastropathy. More complete studies based on objective criteria can complete the study in future.

**Acknowledgements**

All people who have assisted us to conduct this study (reg. no. 435/t), particularly Ms. Fatemeh Rezaie, Ms. Vahideh Azarian and Mr. Muhammad Naeem Rigi are cordially appreciated.

**Authors’ Contributions**

All authors contributed in design, working, statistical analysis and manuscript writing.

**Conflict of Interest**

No conflict.

**Funding/Support**

No funding.

**References**


