Gastric Function Tests

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- Stomach is a reservoir of ingested foodstuffs.
- It has a great churning ability which promotes digestion.
- Stomach elaborates HCI & proteases (pepsin) which are responsible for the initiation of digestive process.
- The products obtained in the stomach (peptides, amino acids) stimulate the release of pancreatic juice & bile.

Secretion of gastric HCL

- The parietal (oxyntic) cells of gastric glands produce HCL.
- The pH in the gastric lumen is as low as 0.8 (against the blood pH 7.4).
- The protons are transported against concentration gradient by an active process.
- The enzyme K+ activated ATPase-present in the parietal cells is connected with the mechanism of HCl secretion.

- It involves an exchange of H⁺ ions (of the parietal cells) for K⁺ ions (of the lumen).
- This is coupled with the consumption of energy/ supplied by ATP.
- The H + are continuously generated in the parietal cells by the dissociation of carbonic acid which, in turn, is produced from CO₂

- The bicarbonate ions (HCO3*), liberated from the carbonic acid (H2CO3) dissociation, enter the blood in exchange for Cl⁻ ions.
- The latter diffuse into the gastric lumen to form HCL.
- Gastrin-a peptide hormone of gastrointestinal tract-stimulates HCI secretion.

Fractional test meal (FTM)

- Fractional test meal involves the collection of stomach contents by Ryle's tube in fasting.
- This is followed by a gastric stimulation, giving a test meal (rice gruel, black coffee etc.).
- The stomach contents are aspirated by Ryle's tube at different time periods (every 15 min for 2 hrs.)
- The samples are analyzed for free & total acidity.
- The results are normally represented by a graph.

Alcohol test meal

- In this case, the test meal in the form of 100 ml of 7%alcohol is administered.
- The response to alcohol test meal is more rapid & test time can be reduced to 1½ hour.
- Clear specimens can be collected by this test & the free acidity levels are relatively higher compared to FTM.

Pentagastrin stimulation test

- Pentagastrin is a synthetic peptide.
- It stimulates the gastric secretion in a manner similar to the natural gastrin.
- The stomach contents are aspirated by Ryle's tube in a fasting condition.
- This is referred to as residual juice.
- The gastric juice elaborated for the next one hour is collected and pooled which represents the basal secretion.

- Pentagastrin (smg/kg body weigh) is now given to stimulate gastric secretion.
- The gastric juice is collected at 15 minute intervals for one hour.
- This represents the maximum secretion.
- Each sample of the gastric secretion collected is measured for acidity by titrating the samples with N/10 NaOH to pH 7.4.
- The end point may be detected by an indicator (phenol red) or a pH meter

- Basal acid output (BAO) refers to the acid output (millimol per hour) under the basal conditions i.e. basal secretion.
- Maximal acid output (MAO) represents the acid output (millimol per hour) after the gastric stimulation by pentagastrin i.e. maximum secretion.
- In normal individuals, the BAO is 4-10 mmol/hr while the MAO is 20-50 mmol/hr.

Augmented histamine test meal

- Histamine is a powerful stimulant of gastric secretion.
- The basal gastric secretion is collected for 1 hr.
- Histamine (0.04 mg/kg body weight) is administered subcutaneously & the gastric contents are aspirated for the next one hour (at 15 minute intervals).
- The acid content is measured in all these samples.

Insulin test meal

- This is also known as Hollander's test.
- It is mainly done to assess the completeness of vagotomy (vagal resection).
- Insulin (0.1 unit/kg body weight) is administered intravenously, which causes hypoglycemia, usually within 30 minutes, in normal persons.

- If the vagotomy operation is successful, insulin administration does not cause any increase in the acid output, compared to the basal level.
- This test has to be carefully performed, since hypoglycemia is dangerous.

Tubeless gastric analysis

• The tubeless gastric analysis involves administration of a cation exchange resin that gets quantitatively exchanged with H⁺ ions of the gastric juice.

- The resin is then excreted into urine which can be estimated for an indirect measure of gastric acidity (concentration of H+ ions).
- Diagnex blue containing azure-A-resin is employed in the tubeless gastric analysis.

Abnormalities of gastric function

- Increased gastric HCI secretion is found in
- Zollinger-Ellison syndrome (a tumor of gastrin secreting cells of the pancreas),
- Chronic duodenal ulcer,
- Gastric cell hyperplasia,
- Excessive histamine production etc.

- A decrease in gastric HCl is observed in
- Gastritis
- Gastric carcinoma
- Pernicious anemia
- Partial gastrectomy
- Chronic iron deficiency anemia.

References

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Thank you