

BACKGROUND

Menetrier disease is a rare form of protein-losing gastropathy

It is characterized by enlarged mucosal folds in the proximal part of the stomach

Although it is generally self-limited in children, adult patients are at increased risk of malignancies, thromboembolic events, and gastric outlet obstruction

Considering the high risk of morbidity and mortality, prompt diagnosis and management are needed

CASE PRESENTATION

A 25-year-old female patient presented with nausea, abdominal cramping, edema, diarrhea and weight loss of 9 kg, five weeks after delivering her 3rd child

Laboratory results:

- Hypoalbuminemia: 1.5 g/dL
- Low total protein level: 3.4 g/dL
- Elevated urine protein-to-creatinine ratio: 0.8
- Elevated random urine protein: 16 mg/dL

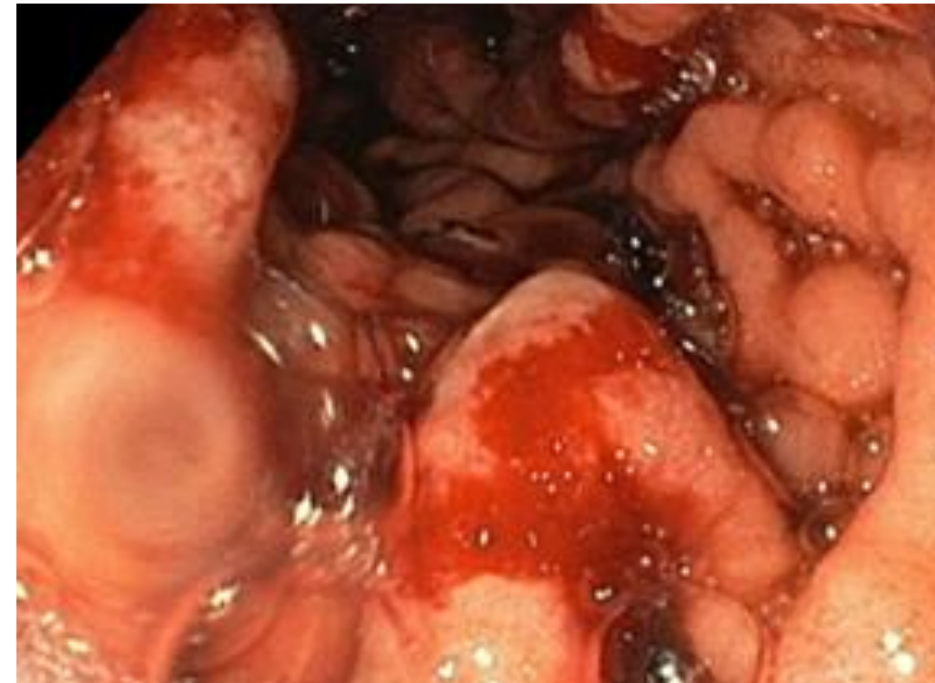
MANAGEMENT

IV antiemetics, IV albumin and furosemide

Pureed, high-protein diet

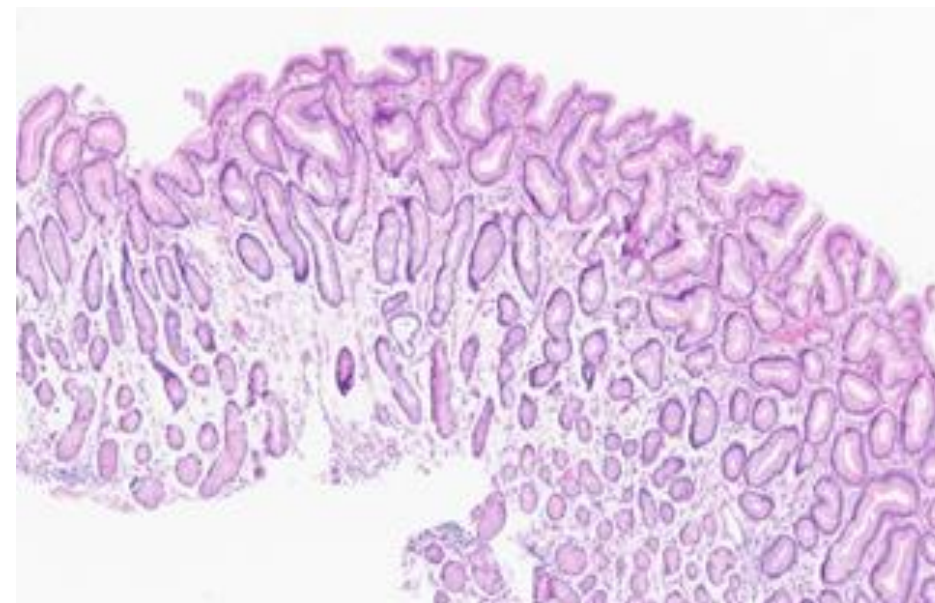
Significant improvement of symptoms

WORKUP: ESOPHAGOGASTRODUODENOSCOPY



Markedly diffuse thick folds in the gastric fundus, body and antrum

WORKUP: GASTRIC BIOPSY



Foveolar hyperplasia with negative *Helicobacter pylori* and Cytomegalovirus staining

DISCUSSION

Pathophysiology: Unclear

Associated with CMV infection in children and *H. Pylori* in adults

Hypothesis: Overexpression of the transforming growth factor-alpha

Commonly presents in male adult patients

Presenting symptoms:

- Epigastric pain, fatigue, weight loss, edema or/and vomiting

Diagnosis:

- Histopathology showing extreme foveolar hyperplasia and atrophic changes in glandular epithelium
- Endoscopy or barium study showing markedly enlarged gastric rugae
- Laboratory findings of lymphopenia and reduced globulin, albumin, alpha-1-antitrypsin, cholesterol, ceruloplasmin and fibrinogen

Management:

- Supportive treatment: High-protein diet, proton pump inhibitors, and replacement of micronutrients.
- Treatment of *H. pylori* and/or CMV
- Medications: Octreotide or cetuximab