

INTRODUCTION

Ménétrier’s disease (MD) is a rare protein-losing hypertrophic gastropathy that usually affects middle-aged men. Involvement of the gastric heterotopia of the esophagus (inlet patch) by MD is extremely rare.

OBJECTIVE

Demonstrate management of symptomatic inlet patch MD with endoscopic submucosal dissection.

CASE DESCRIPTION

HPI: 27-year-old woman with history of Ménétrier’s disease who was referred to our clinic for further evaluation of dysphagia and globus sensation. Outside upper endoscopy (EGD) revealed two esophageal lesions, biopsies of which revealed gastric heterotopia (inlet patch). Laboratory workup showed unremarkable CBC, serum albumin and liver enzymes.

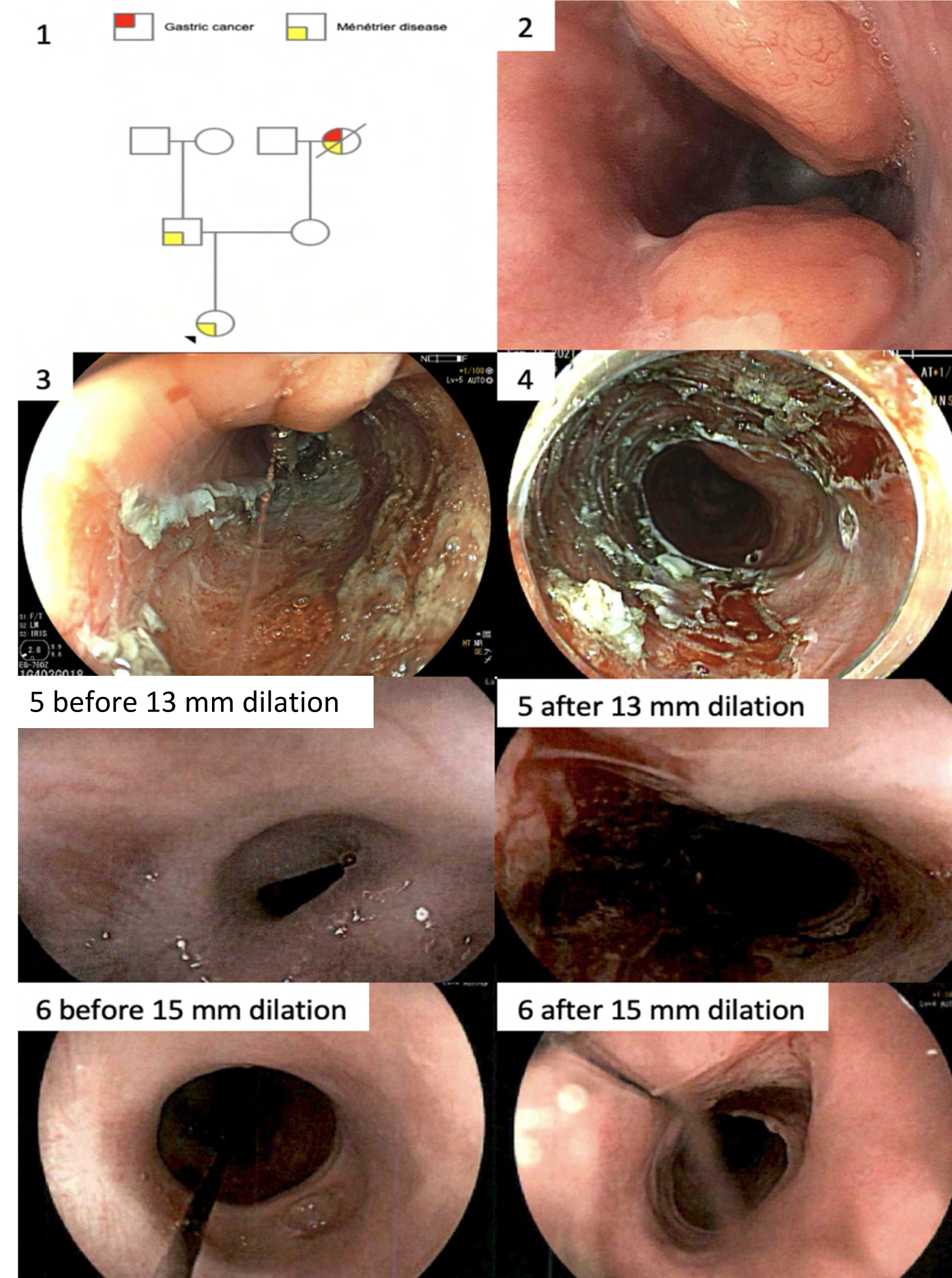
Family History (Figure 1):

- Father - Ménétrier’s disease
- Maternal Grandmother – Ménétrier’s disease and gastric adenocarcinoma (dec. 56)

Intervention:

- EGD with endoscopic ultrasound
 - Two subepithelial lesions, 15 and 20 mm, located in the proximal esophagus at 18 cm from the incisors (Figure 2).
 - Both lesions appeared to arise from superficial submucosa.
 - Biopsies revealed hyperplastic gastric foveolar epithelium.

FIGURES



REFERENCES

1. Gore, M., K. Bansal, and N. Jadhav, Menetrier Disease, in StatPearls. 2022: Treasure Island (FL).
2. Fukushi, K., et al., Curative resection with endoscopic submucosal dissection of early gastric cancer in Helicobacter pylori-negative Menetrier’s disease: A case report. World J Gastroenterol, 2022. 28(5): p. 594-601.

CASE DESCRIPTION CONT’D

- Endoscopic submucosal dissection (ESD) of 20 mm lesion (Figure 3)
 - Histologic examination showed MD involving gastric heterotopia in the esophagus with no evidence of intestinal metaplasia or dysplasia. Resection margins negative.
- Dysphagia improved but did not completely resolve. Follow up EGD 6 weeks later revealed benign-appearing esophageal stricture at ESD site. Dilated to 16 mm with Savary dilator with symptomatic improvement.
- Three months later, underwent ESD of 15-mm esophageal lesion (Figure 4)
 - Histologic examination showed MD with negative margins and no evidence of intestinal metaplasia or dysplasia.
- Continued to report persistent dysphagia. EGD 3 weeks later revealed benign-appearing esophageal stricture at ESD site. Dilated to 12 mm.
- Underwent three more dilations to 12, 13, and 15 mm at 6, 10, and 22 weeks later, respectively (Figure 5 and 6). No evidence of residual or recurrent disease on any of the repeat endoscopies
- Patient remained symptom-free for months now.

DISCUSSION

To our knowledge, this is the first report of symptomatic MD involving the esophageal inlet patch that was managed with ESD. Given the patient’s family history of gastric adenocarcinoma, an underlying malignancy could not be ruled out in either lesion. In patients with symptomatic MD at high-risk of gastric adenocarcinoma, ESD provides diagnostic and therapeutic value, and it has the advantage of en-bloc resection, which in the setting of malignancy, can provide staging data and potentially be curative.