

INTRODUCTION

- Ménétrier’s Disease (MD) is a rare protein-losing gastropathy with characteristic enlarged gastric rugal folds.
- The disease has different courses in pediatric and adult populations:
 - Adult MD:
 - Potential for malignant transformation
 - High degree of morbidity and mortality
 - Pediatric MD:
 - Typically acute, self-limited process
 - Often associated with cytomegalovirus (CMV) infection

THE PATIENT

- A previously healthy 2-year-old boy was admitted for anasarca, which had been preceded by a week of diarrhea.
- Normal growth and development were noted prior to admission.
- Basic labs were overall unremarkable other than a serum albumin of 1.3 g/dL.
- EGD was pursued after cardiac, renal, and liver etiologies were excluded.

Diagnostic Studies

EGD	<ul style="list-style-type: none">• Normal duodenum• Normal gastric antrum• Enlarged rugae with areas of ulceration and nodularity throughout the remainder of the stomach• Normal esophagus
Histology	<ul style="list-style-type: none">• Hyperplastic gastric pits and foveolae• Negative immunohistochemistry for CMV and <i>Helicobacter pylori</i>
Serologies	<ul style="list-style-type: none">• Positive CMV IgM and IgG
Viral enteric pathogens	<ul style="list-style-type: none">• Positive for sapovirus

MANAGEMENT

- Supportive cares
 - Albumin
 - Antisecretory agents
- Ganciclovir was decided against since the patient improved with supportive cares alone.
- The patient’s albumin quickly normalized and his edema resolved.

DISCUSSION

- In a toddler with edema and hypoalbuminemia, the differential is initially broad and includes:
 - Cardiac etiologies
 - Liver etiologies
 - Renal etiologies
- It is also necessary to consider protein-losing gastroenteropathies on the differential.
- CMV is a well-known pathogen associated with pediatric MD.
- It is unclear if sapovirus contributed to the development of MD in this case.
- Management is primarily supportive, but ganciclovir may be used in severe cases associated with CMV.

REFERENCES

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