Ménétrier's disease with normal albumin level

Fig. 1 Ménétrier's disease. **a, b** Endoscopic views of the stomach under white light. **c** Narrow-band imaging of the hypertrophic mucosa. Ultrasonic (**d**) and computed tomographic (**e**) views of the stomach.

Fig. 2 Histology of the biopsy specimen.

A 49-year-old man presented with a 5-month history of epigastric distension after meals. He had no history of abdominal pain, nausea, vomiting, or diarrhea and no family history of cancer. The phys-

ical examination was negative for edema, ascites, and superficial lymph nodes. *Helicobacter pylori* infection was detected with the carbon 13 urea breath test. Gastrosco-

py showed diffuse hypertrophic gastric mucosa covered by excessive mucus and limited to the stomach body and fundus (• Fig. 1 **a, b**). A regular pit pattern of the hypertrophic mucosa was observed on narrow-band imaging (• Fig. 1 **c**). Ultrasonic endoscopy revealed a thickened mucosal layer (• Fig. 1 **d**). Computed tomography confirmed these findings and showed no palpable abdominal lymph nodes (• Fig. 1 **e**). Histology of full-thickness biopsy specimens showed marked foveolar epithelial hyperplasia and no malignant cells (• Fig. 2). The patient's total serum protein, albumin, gastrin, and immunoglobulin G (subtypes IgG1 – IgG4) were normal, as well as the blood cell count. Therefore, Ménétrier's disease was diagnosed.

Ménétrier's disease is a rare, idiopathic hypertrophic gastropathy characterized by hyperproliferative foveolar epithelium of the stomach body and fundus and

hypoproteinemia [1]. Ménétrier's disease should be distinguished from gastric polyposis syndrome, hyperplastic gastritis, Zollinger–Ellison syndrome, and gastric malignancy [1,2]. In this case, the patient had a normal albumin level, indicating that the secretion of mucus had not resulted in hypoproteinemia. In addition, the Ménétrier's disease was associated with *H. pylori* infection [3,4]. Therefore, treatment to eradicate *H. pylori* was initiated. After 1 month, the patient's symptoms were alleviated, his body weight increased 2.5 kg, and the secretion of mucus decreased; however, there was no regression of the hypertrophic gastric mucosa.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AD

Competing interests: None

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DOI <http://dx.doi.org/10.1055/s-0034-1377983>
Endoscopy 2015; 47: E9–E10
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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