Question 21 – December 24

A 25-year-old female is seeing you for dyspepsia. Symptom onset was 1 year ago and characterized by epigastric discomfort and progressive early satiety. These symptoms are associated with recurrent nausea and vomiting, weight loss and lower extremity edema. She denies fevers, or chills. She has been placed on a trial of 8 weeks of PPI therapy BID without any improvement. On exam, patient has epigastric tenderness and pitting edema of lower extremities. A recent upper GI series revealed diffusely thickened gastric folds but no masses. Gastrin level is elevated at 250 pg/ml. Secretin challenge increases gastrin level to 300 pg/ml. Albumin is low at 2.5 mg/dl.

What is the diagnosis?

A. Gastric Lymphoma
B. Zollinger-Ellison syndrome (ZES)
C. Menetrier’s disease
D. Mucosa-associated lymphoid tissue lymphoma
E. Lymphocytic gastritis

Answer: C

Thickened gastric folds, pitting edema, low albumin and mildly elevated gastrin levels are characteristic findings of Menetrier’s disease. EGD will show a characteristic finding of thickened gastric folds with antral sparing. In ZES, gastrin levels should increase by at least 200 point after secretin challenge test. Patient does not have classical B symptoms to indicate gastric lymphoma. Without any mention of H. pylori, diagnosis is unlikely to be MALToma. Findings described above are not typical of lymphocytic gastritis.