

Question 18 –December 2

1. A 65 year old black female presents with persistent epigastric abdominal pain. Past medical history is significant for diabetes mellitus and hypertension. Physical examination is notable for pain on palpation of her upper abdomen as well as swelling in her lower extremities.

Her initial labs are shown:

Hemoglobin – 12.3 mg/dL (normal 12-14 mg/dL)

Platelets—265,000 (normal 150,000-350,000)

BUN—20 mg/dL (normal 8-20 mg/dL)

Creatinine—1.0 mg/dL (normal 0.7-1.3 mg/dL)

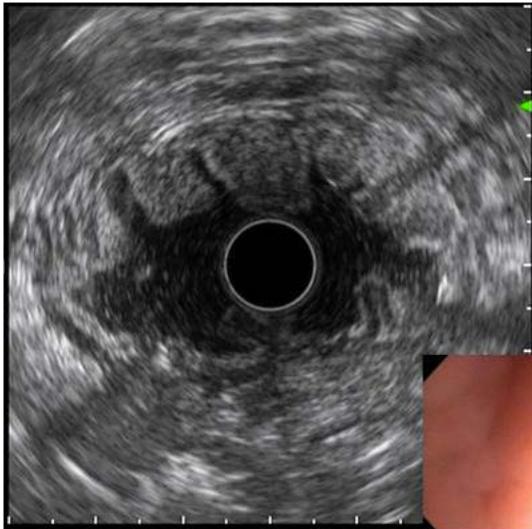
AST—30 U/L (normal 0-35 U/L)

ALT—28 U/L (normal 0-35 U/L)

Albumin—2.1 (normal)

Urinalysis— 1-2 WBCs, 0-2 RBCs, spec gravity 1.016, no protein

A CT abdomen by her primary care physician was obtained which was notable for marked thickening of the body of her stomach. A subsequent EGD was unremarkable and an image from her endoscopic ultrasound is shown below. Deep gastric biopsies were notable for foveolar hyperplasia and cystically dilated glands. Which of the following is not true regarding this condition?



- A. Testing for *Helicobacter pylori* and CMV should be performed.
- B. Octreotide is a first line agent to treat this condition.
- C. There is typically a decrease in parietal cells in this condition, resulting in achlorhydria.
- D. Total gastrectomy may be required for severe protein loss due to this condition.
- E. Patients with this condition are at higher risk for gastric cancer.

Answer: B

While the etiology of Menetier's disease is unknown, some cases have been due to CMV and H pylori, and if found, CMV or H pylori infection should be treated. The parietal and chief cells are decreased and replaced by mucous glands, which results in achlorhydria. Partial or total gastric resection is reserved for severe complications such as refractory bleeding, obstruction, severe hypoproteinemia. 1st line agents to treat this condition include H2 blockers and proton pump inhibitors. There is a risk of developing gastric malignancy due to this condition.

References:

1. Feldman M, Friedman L, Brandt L. Sleisenger and Fordtran's Gastrointestinal and Liver Disease. 10th Edition. Philadelphia, Elsevier, 2010.