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Case of the Month

APPLICATION FORM

Case Title: Rare case of Menetrier's disease in a 2 year old boy

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Brief case description (max. 300 words)

A 2-year-old patient was admitted to the emergency department for profuse vomiting and diarrhea for the last 6 days. He also reported facial and lower limb oedema for 48 hours, with slight weight gain (+300 g).

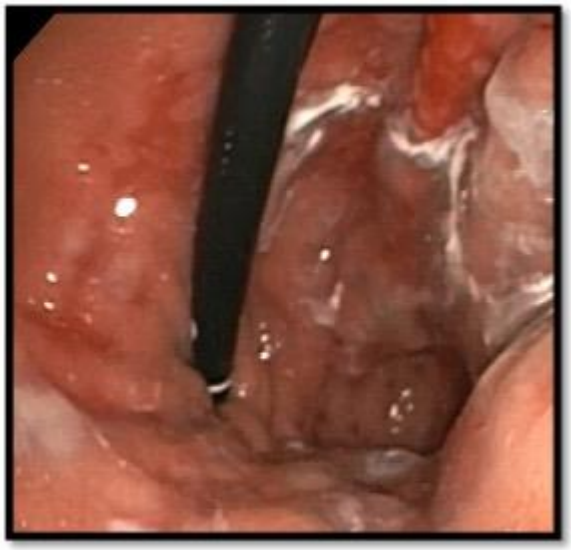
Initial work-up revealed leucocytosis, hypoalbuminemia, hyponatremia and hyperkalaemia (WBC=22,000cells/µL, albumin=2.1 g/dL, Na=130 mmol/L and K= 5.2 mmol/L). Enteropathy with protein loss was suspected in the light of low albumin and weight loss. On suspicion of protein-losing enteropathy, an abdominal ultrasound was requested, which showed findings suggestive of thickened gastric mucosal folds. Subsequently, an upper gastrointestinal endoscopy and biopsy was performed with the same findings (foveolar hyperplasia, tortuous and dilated glands, decreased parietal cells, slight inflammatory infiltrate). (Pictures 1 and 2). Serological confirmation of Herpes virus 6 infection was obtained from the biopsy.

Menetrier's disease is rare in the paediatric population, with few cases reported to date, mostly in males. It occurs in genetically predisposed individuals following a viral infection that disrupts gastric epithelial production. It typically presents as a gastrointestinal disorder with vomiting and/or diarrhoea associated with oedema due to loss of protein through the gastric mucosa. Diagnosis requires a combination of blood test, ultrasound, endoscopic and histological findings. Treatment is symptomatic and usually self-limiting.

After treatment with IV omeprazole, 20% IV serum albumin at a dose of 1g/kg and IV furosemide at a dose of 1 mg/kg for one week, oedema decreased, vomiting disappeared, stools improved to normal consistency and serum albumin normalised on discharge. He continues treatment with oral omeprazole pending further gastrointestinal endoscopy.

It is important to consider Menetrier's disease in cases of gastrointestinal symptoms associated with edema and/or weight gain in the absence of renal or hepatic pathology.

Pictures 1 (left), 2 (right)



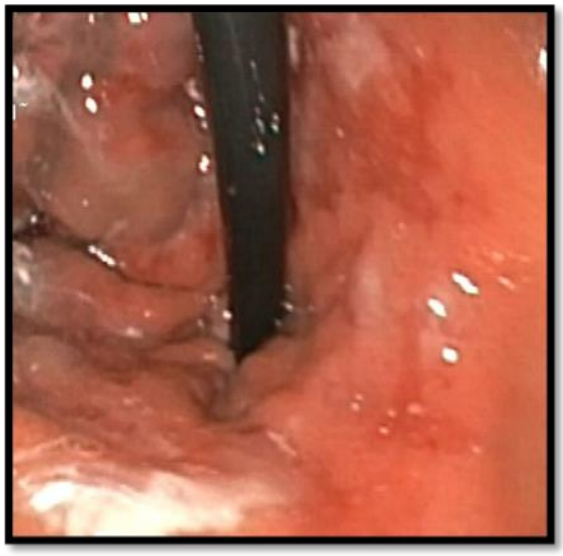


Figure (add description below)

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