Journal of Community Hospital Internal Medicine Perspectives

Volume 14 | Issue 4 Article 10

2024

MENETRIER DISEASE – A RARE PRESENTATION OF GASTROINTESTINAL BLEEDING

Jayasree Ravilla
PGY3, Department of Internal Medicine, Monmouth Medical Center, Long Branch, NJ, USA,
jayashreeravilla@gmail.com

Ping He
PGY5, department of gastroenterology, RWJBH University Hospital, New Brunswick, NJ, USA

Mahmoud Ali
PGY3, Department of Pathology, RWJBH University Hospital, New Brunswick, NJ, USA

Anish Patel
Associate Professor, Department of Gastroenterology, RWJBH University Hospital, New Brunswick, NJ, USA.

Recommended Citation

Ravilla, Jayasree; He, Ping; Ali, Mahmoud; and Patel, Anish (2024) "MENETRIER DISEASE – A RARE PRESENTATION OF GASTROINTESTINAL BLEEDING," *Journal of Community Hospital Internal Medicine Perspectives*: Vol. 14: Iss. 4, Article 10.
DOI: 10.55729/2000-9666.1377
Available at: https://scholarlycommons.gbmc.org/jchimp/vol14/iss4/10

CASE REPORT

Menetrier Disease – A Rare Presentation of Gastrointestinal Bleeding

Jayasree Ravilla [a,*], Ping He [b], Mahmoud Ali [c], Anish Patel [b]

[a] Department of Internal Medicine, Monmouth Medical Center, Long Branch, NJ, USA
[b] Department of Gastroenterology, RWJBH University Hospital, New Brunswick, NJ, USA
[c] Department of Pathology, RWJBH University Hospital, New Brunswick, NJ, USA

Abstract

Gastric polyps are extensions of the mucosa or submucosal space that are usually asymptomatic. One of the rare manifestations of gastric polyps is Menetrier's disease. Menetrier's disease (MD), also known as giant hypertrophic gastritis, is a progressive disease whose pathogenesis is not fully understood. Though a rare diagnosis, it needs to be well studied due to its association with the neoplasia. Here, we present a case of Menitriere's disease associated with gastrointestinal bleeding and describe its clinical course and outcome.

Keywords: Menetrier, Polyp, Stomach, Mucosa

1. Introduction

Menetrier Disease (MD) is a rare condition that is characterized by the presence of giant mucosal folds in the proximal part of the stomach sparing antral region. Also known as hypoproteinemic hypertrophic gastritis, this disorder is associated with diminished acid secretion and a protein losing enteropathy which results in hypoalbuminemia.[1] The prevalence of Menetrier disease is quite low with less than 1 in 200,000 and is commonly seen in middle aged to older men with mean age of diagnosis at 60 years.[2]

2. Case presentation

85-year-old male with medical history notable for hypothyroidism, bladder cancer in remission and inguinal hernia repair presented with an episode of hematemesis.

However patient denied any abdominal pain, change in bowel habits, use of Non-steroidal anti-inflammatory drugs (NSAIDS)/Aspirin/blood thinners. Previous colonoscopy which was done as screening 10 years ago was normal. He had a history upper gastrointestinal bleeding secondary to NSAID induced gastric ulcer 5 years ago. His ulcer was found to be non-bleeding and he was discharged on Pantoprazole. His home medications include oral levothyroxine daily. He denied any alcohol abuse or use of any illicit drugs. Initial vitals were stable.

Physical examination was unremarkable. Labs revealed microcytic anemia with a hemoglobin of 11 g/dl and MCV 60 fl. Rest of the labs including serum albumin were within normal range. Endoscopy (EGD) on the same day revealed atrophic gastritis and enlarged gastric rugae and folds with multiple inflammatory gastric polyps and a large hiatal hernia. The gastric polyps are confined to the body and fundus and not found on antrum or duodenum. Subsequent biopsies (full thickness) revealed foveolar hyperplasia, reduced acid producing parietal cells without malignant changes and negative for Helicobacter Pylori (H.Pylori) (Fig. 1).

A diagnosis of Menetrier Disease was confirmed based on histopathological and endoscopy findings. Given the advanced age, a decision was made to closely follow up the patient on outpatient setting to monitor for complications of MD. He was discharged on Pantoprazole (PPI) twice daily for 14 weeks with follow up appointment with his

Received 6 February 2024; revised 9 May 2024; accepted 21 May 2024.
Available online 2 July 2024

* Corresponding author.
E-mail address: jayashreeravilla@gmail.com (J. Ravilla).

https://doi.org/10.55729/2000-9666.1377

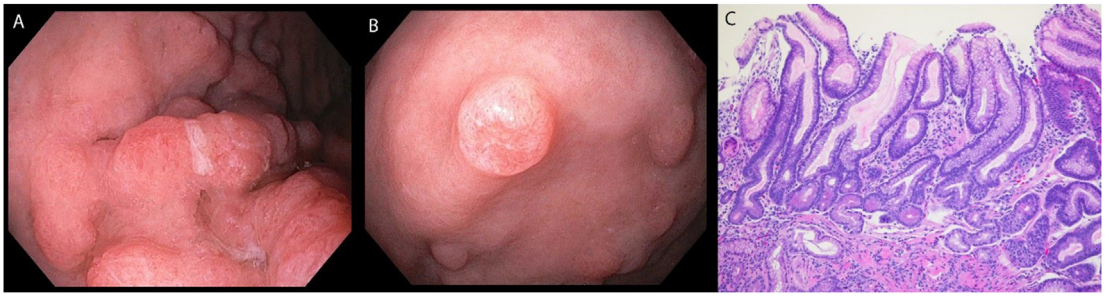

Fig. 1. (a & b) – endoscopy findings of gastric polyps confined to fundus and body of stomach on EGD. c) Histopathological findings of foveolar hyperplasia and decreased parietal cells.

gastroenterologist. During his follow up visit in 3 weeks, patient denied further episodes of any GI bleeding and was asymptomatic. His Hemoglobin was stable at 11.8 g/dL. He is counselled to have follow up visits with the gastroenterologist every 6 months.

3. Discussion

Menetrier Disease (MD) typically occurs in adults with mean age of diagnosis around 55–60 years. It's onset is usually gradual with a continuous clinical progression. Although it does not resolve in adults, the presentation of MD is different in the pediatric populations. It has a sudden onset and often resolves and is found to be associated with cytomegalovirus (CMV) infection.[3,5]

Ménétrier's disease can only be confirmed by histopathological evidence obtained by EGD. EGD shows superficial erythematous lesions with punctate erosions and large gastric polyps.[5] In order to confirm diagnosis, a full thickness mucosal biopsy of the affected area is recommended. The histopathological finding of MD shows characteristic findings of foveolar hyperplasia of mucosal glands in the surface. Significant reduction in parietal cells, plasma cells & smooth muscle hyperplasia along with edema are noticed. MD is often progressive and prognosis depends on the severity of disease and complications. While it is considered a benign condition, regular monitoring and follow up are needed due to associated risk of protein losing Gastropathy, malnutrition and increased risk of gastric cancer.[4,5]

In our case report, although the patient belonged to the elderly age group, the location of gastric polyps and histopathology lineated untoward diagnosis of MD. There are various management options for MD, including H. Pylori eradication if any, prednisone therapy, non-steroidal anti-inflammatory drugs (NSAIDS), anti-cholinergic agents and octreotide therapy. In few cases, recombinant immunoglobulin G (IgG) monoclonal antibody therapy with Cetuximab was tried with some positive results.[6] In cases of persistent symptoms like abdominal pain, weight loss, GI bleeding, partial or total gastrectomy is another acceptable treatment option. The management options have uncertain benefits and more clinical trials are needed to investigate their effectiveness.[1,5]

Although literature has indicated that the prevalence of cancer in MD could be as high as 6%–10%, the exact incidence of developing gastric adenocarcinoma among these patients remains uncertain. Another case–control study involving 76 patients with Menetrier's disease found survival of 72.7 % and 65.0 % at 5 and 10 years after diagnosis respectively.[6,7] MD is an exceptionally rare condition, often prone to misdiagnosis due to its uncommon nature. Physicians should possess comprehensive knowledge of unusual gastrointestinal bleeding causes to prevent misidentification. The primary aim is to showcase an infrequent clinical case and discuss the management of Menetrier's disease.

Source of support

None.

Consent

Consent was obtained from the patient before initiating manuscript writing.

Authors contribution

Dr. Ravilla did the most of the writing, Dr. Ping, He reviewed the manuscript, Dr. Ali helped in obtaining images, Dr. Patel did the final editing. Ýisclaimer; the manuscript is not submitted to any other journal.

Conflicts of interest

There is no conflict of interest.

References

1. Gore M, Bansal K, Jadhav N. Menetrier disease [Updated 2022 Sep 24]. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2023 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK563154/.
2. Richmond R Gomes. A rare case of Menetrier's disease presenting with protein losing gastropathy mimicking carcinoma stomach. *J Gastroenterol Pancreatol Hepatob Disord*. 2021;5(4). https://doi.org/10.31579/2641-5194/025.
3. Lambrecht NW. Ménétrier's disease of the stomach: a clinical challenge. *Curr Gastroenterol Rep*. 2011;13(6):513–517. https://doi.org/10.1007/s11894-011-0222-8.
4. Remes-Troche JM, Zapata-Colindres JC, Starkman I, De Anda J, Arista- Nasr J, Valdovinos-Diaz MA. Early gastric cancer in Menetrier's disease. *BMJ Case Rep*. 2009;2009: bcr07.2008.0453. https://doi.org/10.1136/bcr.07.2008.0453.
5. Rich A, Toro TZ, Tanksley J, et al. Distinguishing Ménétrier's disease from its mimics. *Gut*. 2010;59(12):1617–1624. https://doi.org/10.1136/gut.2010.220061.
6. Wolfsen HC, Carpenter HA, Talley NJ. Menetrier's disease: a form of hypertrophic gastropathy or gastritis? *Gastroenterology*. 1993; 104(5):1310–1319. https://doi.org/10.1016/0016-5085(93)90339.
7. Almazar AE, Penfield JD, Saito YA, Talley NJ. Survival times of patients with Menetrier's disease and risk of gastric cancer. *Clin Gastroenterol Hepatol*. 2021 Apr;19(4):707–712. https://doi.org/10.1016/j.cgh.2020.03.017. Epub 2020 Mar 14. PMID: 32184187.