Multiple Gastric Polypoid Lesions with Protein-losing Enteropathy

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A 67-year-old Japanese man noted epigastric pain, diarrhea, and a weight loss of 10 kg that had occurred over the previous 3 months. The patient was referred to our hospital, pertinent initial laboratory findings showed hypoproteinemia: total serum protein, 3.9 g/dL; albumin, 2.6 g/dL. Also, the alpha-1 antitrypsin test was positive (24.1 mL/day). Serology results for Helicobacter pylori (H. pylori) and cytomegalovirus were negative. Double-contrast radiographs of

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the stomach demonstrated multiple flat elevated lesions from the corpus to the antrum (Picture 1). On EGD, multiple elevated lesions (5 to 10 mm in size) were also identified predominantly from the angulus to the corpus without giant rugal folds (Picture 2A). For a detailed histological analysis of these lesions, endoscopic mucosal resection was performed for a few lesions. The histology showed marked foveolar hyperplasia characterized by tortuous and cystically dilated foveolar glands extending to the muscularis mucosa with a markedly atrophic gland, a decrease in parietal cells, slightly stromal edema in the lamina propria, and inflammatory cell infiltration (Picture 3). The patient was finally diagnosed with Ménétrier’s disease with protein-losing gastropathy. Ménétrier disease is histologically divided into 2 distinct diseases: massive foveolar hyperplasia and minimal inflammation, and hypertrophic lymphocytic gastritis (1). The present case was compatible with the former type, and may be an instance of so-called localized Ménétrier’s disease as proposed by Stamm (2). Oral administration of 30 mg lansoprazole once daily and tranexamic acid 1,500 mg/day was initiated, and his symptoms improved. Elevated lesions had completely disappeared on follow-up endoscopy at 1 year after medication (Picture 2B, asterisks indicate the ulcer scars after endoscopic mucosal resection), and serum protein and albumin levels also improved.

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References