Menetriers Disease: Often Heard But Seldom Seen!

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Background
- An acquired premalignant disorder of unknown etiology, characterized by giant hypertrophic rugal folds that involve the fundus but often spare the antrum.
- Listed by the Office of rare disease of the National institute of Health (USA), indicating a prevalence of less than 1 in 200,000 people.
- Occurs in two forms:
  - Childhood form - linked to CMV infection - resolves spontaneously.
  - Adult form - 4 to 6 decade - male predilection - over expression of TGF-alpha - associated with H. Pylori infection.
- Common symptoms - upper abdominal pain, nausea & vomiting. Other symptoms - weight loss & bleeding due to erosions, diarrhea, edema due to excess mucus secretion & hypoproteinemia associated with hypochlorhydria.

Case History
- A 50 year old male presented with a history of pain
  - in the epigastric region since 2 years
  - intermittent nausea & vomiting since 1½ months.
- On Investigations - hypoproteinemia & anemia

Diagnosis of Menetriers disease is based on characteristic gross & microscopic features.
- All classical features were seen in our case, however it was negative for H. pylori.
- Differential diagnosis:
  - Zollinger Ellison syndrome
  - Infiltrative disorders
  - Hyperplastic polyps / Polyposis syndrome
- Treatment options:
  - High protein diet, albumins, plasma, diuretics, anticholinergic, PPI & Monoclonal antibodies to EGFR (Octreotide, Cetuximab)
  - Gastrectomy: Partial / total
  - Indications for surgery: Dysplasia, Malignancy, High loss of proteins and Recurrent bleeding.
- Associated with increased risk of gastric adenocarcinoma (10-15%).
- Adequate sampling with proper follow up is essential.
- Menetriers disease is very rare in India. Exact incidence not known. Only few case reports available, documenting association with trichobezoar and primary pachydermoperiostosis.

References