

Computed Tomography View of Menetrier's Disease

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A 55-year-old man was referred to our hospital due to epigastric pain and weight loss. He had a history of peripheral and coronary artery disease. There were no abnormal findings on blood tests. On abdominal computed tomography (CT), an axial arterial-phase contrast-enhanced CT image of the stomach revealed diffuse, ill-defined wall thickening of the stomach and narrowing of the gastric lumen (Fig. 1). Axial and multiplanar reformation of coronal CT images of the abdomen after oral contrast showed a thickened mucosal layer with preservation of wall stratification (Figs. 2, 3).

Menetrier's disease (MD), first described in 1888, has two different forms: the childhood and the adult form. The adult form is related to the overexpression of a transforming growth factor (TGF) alpha and heightened epidermal growth factor receptor (EGFR) activity. Gastroscopy and gastric mucosa biopsy are required for diagnosis. Menetrier's disease is a rare, acquired, premalignant disease of the stomach characterized by massive gastric folds, excessive mucus production with resultant protein loss, and little or no acid production. Massive overgrowth of mucus cells in the mucosa lining of the stomach results in large gastric folds and the loss of parietal cells. The symptoms of MD include epigastric pain, weight loss, nausea, diarrhea, and melena. The most common of these is epigastric pain [1, 2]. Differential diagnosis of large gastric folds includes Zollinger-

Ellison syndrome, lymphocytic gastritis, gastric carcinoma, and gastritis with infectious etiology such as cytomegalovirus gastritis. Treatment involves a diet rich in proteins and proton pump inhibitor administration. If the disease is severe, partial or total gastrectomy may be performed. The use of cetuximab, which is an antineoplastic agent and EGFR blocker, is being investigated for MD treatment [3].

Herein, we presented a CT view of a rare case of Menetrier's disease.

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Conflicts of interest: None to declare.

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