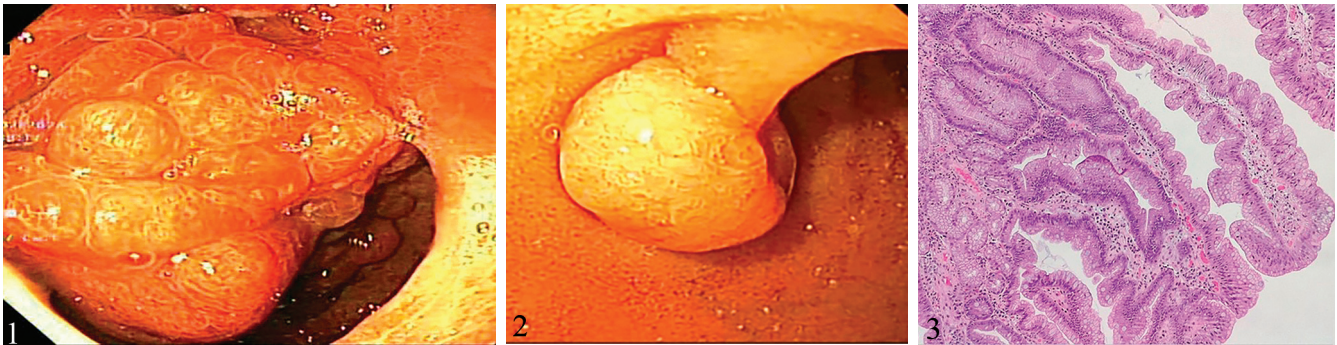


An Atypical Case of Menetrier's Disease with Antral-Duodenal Extension

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Menetrier's disease is a rare hyperplastic gastropathy with potential for malignant transformation, characterized by hypertrophic gastric folds, particularly in the body and fundus of the stomach, diminished acid secretory capacity, protein-losing gastropathy and secondary hypoalbuminemia. [1, 2]

We report an atypical case of Menetrier's disease in a 55-year-old patient with history of minor thalassemia and chronic proton pump inhibitor (PPIs) used for recurrent epigastric pain and heartburn. The patient presented to our clinic with a decreased hemoglobin value from the usual 11 g/dl to 8 g/dl, along with reduced serum iron levels. Additional laboratory analyses, including immunological assays and serum protein electrophoresis, were within normal limits.

Upper gastrointestinal endoscopy reveals hypertrophic gastric folds with a pseudopolypoid appearance (Fig. 1), extending from the subcardial region to the antral-pyloric area. Additionally, pseudopolypoid protrusions are observed in the duodenal bulb, and in the second part of the duodenum (Fig. 2). Narrow band imaging highlights the presence of dilated glandular structures.

Multiple biopsies were obtained, and histopathological examination suggested Menetrier's disease due to the presence of disorganized foveolar structures, tortuous lumen, and hyperplastic, hypertrophic mucous-secreting columnar epithelium (Fig. 3, hematoxylin & eosin staining, 40x), features observed in the pseudopolypoid lesions of the duodenum as well. *Helicobacter pylori* infection was absent, including on Giemsa staining.

Computed tomography (CT) scan showed gastric wall thickening, especially in the antral-pyloric region, and entero-CT indicated diffuse, polypoid thickening of the antral gastric mucosa, duodenal bulb, and second part of the duodenum.

Considering the patient's chronic consumption of PPIs, commonly used as a first-line treatment for Menetrier's disease, along with the limited long-term efficacy of octreotide therapy and the unavailability of cetuximab for this indication in Romania, surgical intervention was proposed [3-5]. However, the patient chose to postpone the procedure. Given the 2-15% risk of developing dysplasia and adenocarcinoma, it was decided to conduct clinical, biological, and endoscopic monitoring every 6 months. The patient was stable at the first follow-up.

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Conflicts of interest: None to declare.

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