



## Cytomegalovirus (CMV)

[Side-toe-mega-virus](#)

Cytomegalovirus can be related to Ménétrier's disease in children. It often resolves spontaneously within 1 to 5 months with supportive treatment only.

## Helicobacter Pylori

[Helicopter-bacteria](#)

Many patients undergo testing for *H. pylori*, and if found are treated for it. Eradication of *H. pylori* may induce spontaneous regression of the disease.

## Symptoms

### GI Distress

[GI-guy with flare-gun](#)

The classic symptom triad of Menetrier disease is gastrointestinal symptoms, peripheral edema, and giant gastric folds. The most common GI symptoms include epigastric pain (65%), asthenia (60%), anorexia (45%), weight loss (45%), and vomiting (37.5%).

### Edema

[Edamame](#)

Protein loss may lead to a decrease in oncotic pressure that can result in edema, ascites, and pleural effusions. Significant hypoalbuminemia may develop.

## Diagnosis

### Endoscopy with Biopsy

[Endoscopy and Biopsy-needle](#)

Histology is the gold standard for diagnosing Ménétrier's disease. Endoscopy (gastroscopy) will show giant rugal folds predominantly in the greater curvature of gaster, commonly in the fundus and body, which needs to be confirmed by biopsy. An increased mucous surface cell thickness >1 cm, diffuse thickening of the foveolar epithelium, lack of inflammatory cells, and dilated cystic gastric glands are often seen on histological specimens. Parietal and chief cell counts are often reduced as well.

## Management

### Supportive Therapy

[Supportive IV Bags](#)

Unfortunately, there is no cure for Ménétrier's disease. Supportive therapy with symptom control is the standard of care. This includes a high protein diet, proton pump inhibitors, and *H. pylori* eradication. Severe cases may require gastrectomy.

### Cetuximab

[C-tux-mob](#)

Cetuximab may be used in Ménétrier disease since it theoretically can target the TGF- $\alpha$  / EGFR overexpression. It is approved by the FDA on a compassionate need basis.

### Surveillance

[Surveillance-camera](#)

Ménétrier's disease might be a precancerous state. Reports have found a 2-15% increased lifetime risk in gastric adenocarcinoma. For this reason, surveillance with regular follow-ups and endoscopy is important.