

## Ménétrier's disease treated with gastrectomy

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### Introduction

Ménétrier's disease is a rare cause of protein losing enteropathy. We report a case that was successfully treated by gastrectomy.

### Case report

A previously well 55-year old man presented to our unit with progressively worsening dyspnoea, swelling of the feet, and loss of weight for 3 months and passing black, tarry stools for 2 weeks. On examination he was pale, had bilateral pitting ankle oedema and hepatomegaly. The rest of the examination was unremarkable. Investigations showed Hb 7.4 g/dl, blood picture hypochromic microcytic erythrocytes, serum protein 5.6 g/dl, serum albumin 2.4g/dl (3.5-5), liver biochemistry otherwise normal, serum iron 2.3 (normal range 13-32umol/l). Upper gastrointestinal endoscopy showed giant polypoidal mucosal folds which are characteristic of Ménétrier's disease (figure 1). He did not respond to *Helicobacter pylori* eradication therapy. A total gastrectomy was performed. Apart from mild abdominal discomfort the patient has remained asymptomatic for the past 6 months.

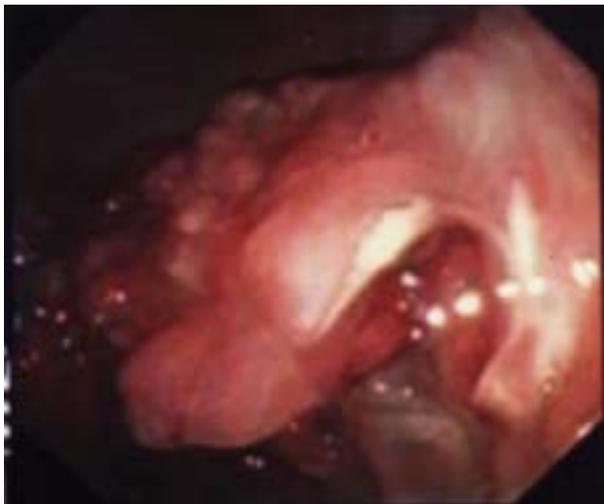


Figure 1. Endoscopy view of stomach, with large convoluted folds.

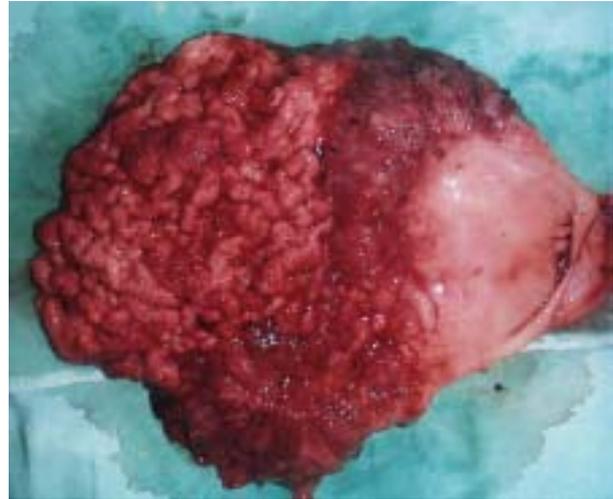


Figure 2. Gastrectomy specimen, with convoluted folds and sparing of the antrum.

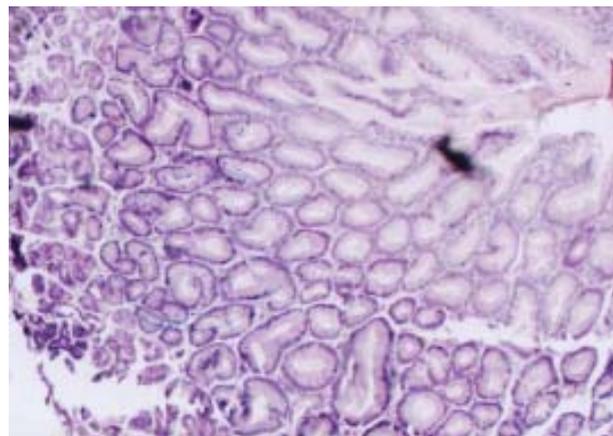


Figure 3. Histological examination of the stomach showing the characteristic foveolar hyperplasia with cystic dilation of the surface mucous cells.

### Discussion

Ménétrier's disease was first described in 1888 by Pierre Ménétriers. It usually involves most of the stomach but spares the antrum (figure 2). Histologically the characteristic features are foveolar hyperplasia with cystic dilatation (figure 3). Ménétrier's disease is thought to carry

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an increased risk for gastric cancer [1]. *Helicobacter pylori* eradication is recommended [2]. Gastrectomy remains the final option in patients who do not respond to medical therapy. We chose gastrectomy because of his severe disease and non-response to standard therapy.

## References

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## Is a newborn baby's mind a 'blank slate'?

First, the doctrine that the mind is a blank slate [at birth] has distorted the study of human beings, and thus the public and private decisions that are guided by that research. Many policies on parenting, for example, are inspired by research that finds a correlation between the behaviour of parents and the behaviour of children. Loving parents have confident children, authoritative parents (neither too permissive nor too punitive) have well-behaved children, parents who talk to their children have children with better language skills, and so on. Everyone concludes that to grow the best children, parents must be loving, authoritative, and talkative, and if children don't turn out well it must be the parents' fault. But the conclusions depend on the belief that children are blank slates. Parents, remember, provide their children with genes, not just a home environment. The correlations between parents and children may be telling us only that the same genes that make adults loving, authoritative and talkative make their children self-confident, well-behaved, and articulate. Until the studies are re-done with adopted children (who get only their environment, not their genes, from their parents), the data are compatible with the possibility that genes make all the difference, the possibility that parenting makes all the difference, or anything in between. Yet in almost every instance, the most extreme position – that parents are everything – is the only one researchers entertain.

**Pinker S.** The blank slate. Viking (Penguin Group). New York and London, 2002. (Words in square brackets added for clarity)