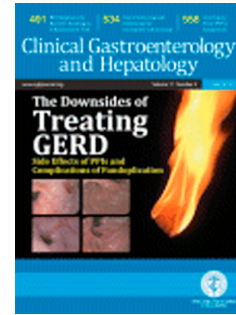


# Accepted Manuscript

A recurrent cause of upper gastrointestinal bleeding: gastritis are not all trivial

Javier Martínez-González , Ana García García de Paredes , Laura Crespo Pérez



PII: S1542-3565(14)01724-8  
DOI: [10.1016/j.cgh.2014.11.030](https://doi.org/10.1016/j.cgh.2014.11.030)  
Reference: YJCGH 54087

To appear in: *Clinical Gastroenterology and Hepatology*  
Accepted Date: 26 November 2014

Please cite this article as: Martínez-González J, García de Paredes AG, Crespo Pérez L, A recurrent cause of upper gastrointestinal bleeding: gastritis are not all trivial, *Clinical Gastroenterology and Hepatology* (2015), doi: 10.1016/j.cgh.2014.11.030.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

All studies published in *Clinical Gastroenterology and Hepatology* are embargoed until 3PM ET of the day they are published as corrected proofs on-line. Studies cannot be publicized as accepted manuscripts or uncorrected proofs.

A recurrent cause of upper gastrointestinal bleeding: gastritis are not all trivial.

Javier Martínez-González\*, Ana García García de Paredes\*, Laura Crespo Pérez\*

\*Servicio de Gastroenterología y Hepatología. Hospital Universitario Ramón y Cajal, IRYCIS, Universidad de Alcalá, Madrid, Spain.

Contact: Javier Martinez Gonzalez. Email: martinez.gonzalez.javier@gmail.com

Key words: Ménétrier Disease. Giant gastric folds.

Conflict of interest: None.

A 52 years old men was evaluated for iron deficiency anemia. Physical examination showed no relevant signs. Laboratory data was significant for hemoglobin (8.8g/dL), iron (19mg/dL), transferrin saturation index (24%), ferritin (9mg/dL) and hypoalbuminemia (2.9mg/dL). Upper endoscopy reveal giant folds with congestive features (erythema and friability) and large polypoid lesions with oozing bleeding allocated in fundus and body of the stomach (figures A and B). Biopsy exams showed focal foveolar hyperplasia with cystic dilatations, superficial erosions, edematous stroma, smooth muscle hyperplasia, clusters of eosiniphils and a lack of oxintic glands (figure C). *Helicobacter pylori* was not detected in any sample. Colonoscopy and capsule endoscopy did not show any potential bleeding lesions. Oral and intravenous iron therapy was initiated with poor analytical and clinical response. Within 2 years of follow up he has been readmitted several times due to gastric bleeding and progressive clinical deterioration (severe anemia, hypoproteinemia and desnutrition, edema and pleural effusion). After alternative treatments with proton pump inhibitors, H2-receptor antagonists, somatostatin analogues have failed, surgery was then proposed. Total gastrectomy was performed, and after 6 months he showed normalization of analytical parameters and a mark improvement of his quality of life.

Ménétrier disease (MD) is a rare acquired disorder with an unknown origin. Despite its benign nature, it seems to increase the risk of gastric cancer. MD consists of giant rugal folds that involves the fundus and the body of the stomach with antral sparing, foveolar hyperplasia and markedly decreased oxyntic glands<sup>1,2</sup>. Different names are used to describe it, all related with its clinic-pathological characteristics: giant hypertrophic gastritis, focal foveolar hyperplasia, giant fold gastropathy, hyperplastic hypersecretory gastropathy, hypoalbuminemic hyperplastic gastropathy, hypertrophic protein-losing gastropathy<sup>2</sup>. MD can present with many nonspecific symptoms as abdominal pain, nausea, vomiting, peripheral edema secondary to protein loss, low albumin levels, normal gastrin levels, hypochlorhidria, bleeding features<sup>1,2</sup>. Many treatments have been reported to provide therapeutic benefits: corticoids, non-steroidal anti-inflammatory drugs, antibiotics, anticholinergic agents, H2-receptor antagonists, somatostatin analogues, proton pump inhibitors, *Helicobacter pylori* eradication, monoclonal antibody against the epidermal growth factor receptor. However, each has yield inconsistent benefits. The only definitive treatment is gastrectomy, but it is often left to refractory cases or when there is a life-threatening risk<sup>2,3</sup>.

Download English Version:

<https://daneshyari.com/en/article/6091251>

Download Persian Version:

<https://daneshyari.com/article/6091251>

[Daneshyari.com](https://daneshyari.com)