MENETRIER’S DISEASE: A CASE PRESENTATION AND DISCUSSION.  PJ Pai, MR English, Louisiana State University Health Sciences Center, New Orleans, LA,

Menetrier’s disease is a rare, protein-losing enteropathy associated with hypertrophic gastric rugae. The incidence in pediatrics is rare with a mean age of diagnosis at 5 years. Clinical manifestations include vomiting, anorexia, epigastric pain, diarrhea, and edema. Ascites and pleural effusions associated with hypoalbuminemia are common. The etiology is not known but is thought to be associated with infection, namely cytomegalovirus and Helicobacter pylori. In children, a benign, self-limited course lasting 2 to 4 weeks is typical.

We describe a 2 year old Caucasian male who presented with a 2 week history of vomiting, followed by progressive abdominal distention and pedal edema. A CT scan of the chest and abdomen revealed bilateral pleural effusions and ascites, as well as enlarged gastric folds. A gastric biopsy revealed the diagnosis of Menetrier’s disease associated with CMV infection. The child responded well to repeated doses of intravenous albumin and recovered without sequelae. Further details of the case, including radiologic and histologic findings, will be discussed. In addition, the differences between pediatric and adult manifestations of Menetrier’s disease will be reviewed.