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CLINICAL IMAGE IN MEDICAL PRACTICE

MENETRIER'S DISEASE

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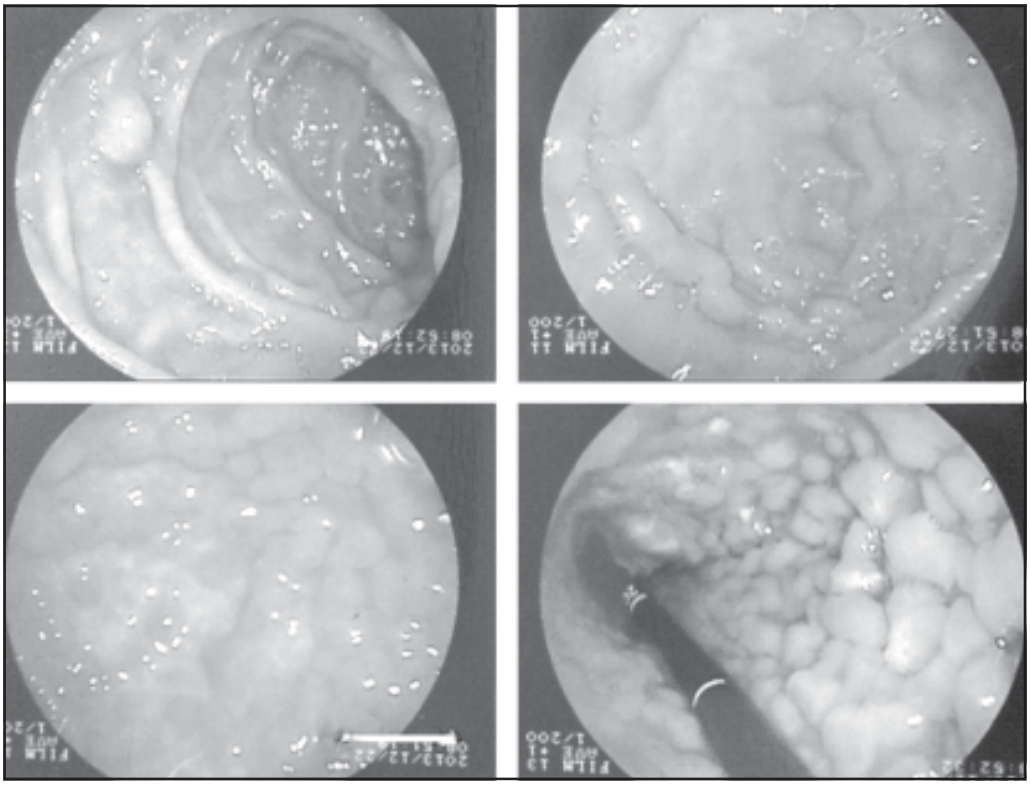
A 38yrs old male married muslim non-diabetic normotensive nonsmoker nonalcoholic butcher presented with complaints of heaviness of left side of upper abdomen after taking food and feeling of indigestion and weight loss for last 5 months. He felt abdominal fullness even after taking small amount of food. It was not associated with fever and vomiting. Several episodes of diarrhea occurred within this period which was subsided by antibiotic therapy. There was no history of hematemesis and mealena. Occasional abdominal pain was experienced by him which was burning in nature with no aggravating and relieving factors. Per abdominal examination reveals abdomen soft, non-tender, no organomegaly and no ascites. All other systemic examinations are within normal limit.

A diagnostic VDO assisted Upper GIT endoscopy was done.(Fig).The image of endoscopic view revealed Multiple nodular lesion in whole stomach. Large gastric folds are readily detectable giving the mucosa a cobblestone or cerebriform (brain-like) appearance [1,2,3].The nodules are multiple variable in size without any evidence of ulcer, erosion or haemorrhagic spot. A biopsy from the larger nodule was taken and histopathology revealed gastric mucosa with glandular atrophy and foveolar hyperplasia. Lamina propria reveals increased number of chronic inflammatory cells. The hyperplasia, tortuous (corkscrew) and cystically dilated foveolar glands were observed in abundance. The description of histopathology is consistent with hyperplastic gastropathy (Menetrier's disease)



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