Ménétrier's disease in a Saudi child

To the Editor

With reference to the interesting case report by Alfares et al,[1] the correlation between Cytomegalovirus (CMV) and Menetrier's disease (MD) has been well-established. However, co-infection associated MD remained speculative until the first case of co-infection with CMV and *Helicobacter pylori* (*H. pylori*) in a child with MD is recently reported.[2] I presume that such co-infection can not be totally ruled out in Alfares et al's studied patient.[1] Alfares et al[1] addressed in their case report that no *H. pylori* like organisms were detected and, therefore, they totally excluded the association of *H. pylori* with MD in their studied patient. However, they did not mention the exact diagnostic tool they employed to make that conclusion. I presume that Alfares et al[1] employed one of the endoscopic tests to detect *H. pylori* infection. It is well-know that there are many invasive methods to diagnose *H. pylori* infection, namely rapid urease test (CLO-test), culture, and histology. Variations do exist considering the reliability of these tests to precisely detect *H. pylori* infection. In a Greek study, the performance of CLO-test in relation to endoscopic and histological findings in children with *H. pylori* infection was evaluated. The study showed that the sensitivity of CLO-test was 83.4% (95% CI, 79.9-86.3%), of culture 84.6% (95% CI, 78.7-89.1%), of histology 93.2% (95% CI, 90.7-95.1%), and specificity 99% (95% CI, 98.2-99.4%), 100%, and 100% respectively. Rapid urease test positivity was correlated with higher bacterial density ($p<.001$), activity ($p<0.001$) and severity of gastritis ($p<0.01$), older age ($p<0.01$), and the presence of antral nodularity ($p<0.001$). When CLO-test was positive, the concordance with histology and culture was high (95.5 and 89.2% respectively), whereas low concordance was observed when CLO-test was negative (17.05 and 45.83% respectively). The study recommended that both CLO-test and histology should be performed concurrently to accurately diagnose *H. pylori* infection in children.[3] Employing that protocol could increase the detection rate of *H. pylori* infection in MD patients. Increasing awareness of pediatricians on co-infection associated MD is needed and appropriate laboratory tests must be sought to firm diagnosis.

Mahmood D. Al-Mendalawi
Department of Paediatrics
Al-Kindy College of Medicine
Baghdad University, Baghdad, Iraq

Reply from the Author

We thank Prof. Al-Mendalawi for his interest in our article.[1] The following is our reply to the main points raised: 1) The statement in the letter that "However, co-infection associated MD remained speculative until the first case of co-infection with CMV and *H. pylori* in a child with MD is recently reported" is not accurate. The authors of the cited article[2] state the following in the discussion "Tokuhara et al reported a case of pediatric MD involving co-infection with CMV and *H. pylori*. After eradication therapy for *H. pylori*, the thickened gastric folds resolved". The authors concluded that this case of pediatric MD was secondary to *H. pylori* infection rather than CMV infection. Three years later, in 2010, Iwama et al reported another CMV and *H. pylori* co-infection in MD case". Accordingly, this article[2] was neither the first report of association CMV and *H. pylori* nor did it confirm a causative role of these organisms in the pathogenesis of MD. The association remains speculative. 2) The Greek study cited in the letter indicates that histology has the highest diagnostic specificity (99%) and sensitivity (93.2%). We agree that combining histology and CLO will give a more definitive conclusion, but since we only had the histology available we feel comfortable to say that "No H. pylori like organisms were detected.

Abdullah A. Alangari
Mohammad El-Mouzan
Department of Pediatrics
College of Medicine
King Saud University
Riyadh, Kingdom of Saudi Arabia

References

1. Alfares FA, Raddaoui EM, El-Mouzan MI, Alangari AA. Menetrier`s disease in a Saudi child. ***Saudi Med J*** 2013; 34: 1192-1194.
2. Yoo Y, Lee Y, Lee YM, Choe YH. Co-Infection with Cytomegalovirus and Helicobacter pylori in a Child with Ménétrier's Disease. ***Pediatr Gastroenterol Hepatol Nutr*** 2013; 16: 123-126.
3. Roma-Giannikou E, Roubani A, Sgouras DN, Panayiotou J, van-Vliet C, Polyzos A, et al. Endoscopic tests for the diagnosis of Helicobacter pylori infection in children: Validation of rapid urease test. ***Helicobacter*** 2010; 15: 227-232.