To the Editor,

A gastric fibrinolysis has been proved in patients suffering from protein-losing gastroenteropathy (Ménétrier’s disease) [1]. The mechanism of excessive loss of protein has been attributed to exudation of protein through inflamed mucosa [2]. Activated plasminogen released from tissues can increase vascular permeability by itself or by activating kinins [3]. Tranexamic acid has been proposed as a treatment for this disorder [4]. A 44-year-old female was referred to the Internal Medicine Department because of oedema of both legs and sacrum and vomiting. The laboratory findings showed absence of proteinuria, serum protein 36 g/l, albumin 22 g/l, globulin 16 g/l. Ménétrier’s disease was diagnosed by stomach X-ray, endoscopy, and large-particle biopsy. Atropin, cimetidine and metoclopramide were given without improvement. Coagulation studies were done in order to prove a fibrinolytic activity. The results were as follows:

<table>
<thead>
<tr>
<th>Fibrin- Euglobu-ogen lysis g/l</th>
<th>time, h</th>
</tr>
</thead>
<tbody>
<tr>
<td>At presentation</td>
<td>4.2</td>
</tr>
<tr>
<td>After 4 months evolution</td>
<td>2.7</td>
</tr>
<tr>
<td>Under treatment with tranexamic acid 2 g/day per os (active disease)</td>
<td>1.8</td>
</tr>
<tr>
<td>At the 5th month (active disease, cessation of treatment)</td>
<td>0.5</td>
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<tr>
<td>At the 6th month (remission)</td>
<td>4.5</td>
</tr>
<tr>
<td>At the 8th month (complete remission)</td>
<td>4.2</td>
</tr>
</tbody>
</table>

In order to study the release of fibrinolytic factors from the mucosa as reported by others [5], gastric juices from the patient and from a normal control were analyzed. No changes were seen in euglobulin lysis time of the patient, and a mild shortening of euglobulin lysis time of the control was found after addition of the non-diluted gastric juice of the patient. Our conclusions are: (1) A fibrinolytic activity can be detected in the plasma of a patient with Ménétrier’s disease. (2) The fibrinolytic activity seems to correlate with the clinical evolution of the disease. (3) Tranexamic acid per os has no effect on the fibrinolytic activity and the course of the disease. (4) A mild fibrinolytic activity was found in the gastric juice of the patient when analyzed with normal plasma.
References