Table 1 Summary of Case Reports on Ménétrier's Disease
This table provides an overview of key information from the case reports analyzed in this review, including author and reference details, country and year of publication, patient demographics, identified etiologies, pharmacological treatments administered, surgical interventions performed, and any associated malignancies.

Table 1 Summary of Case Reports on Ménétrier's Disease

Author and references	Country, year of publication	Patient demographics	Etiology	Pharmacological treatment	Surgical interventions	Cancer
Şen et al. [23]	Turkey, 2022	67/M	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Laparoscopic sleeve gastrectomy.	No evidence of malignancy.
Roy et al. [24]	India, 2024	52/W	H. pylori: NR CMV: NR	No pharmacological treatment administered.	Open proximal D2 gastrectomy with esophago-gastric anastomosis and total splenectomy.	No evidence of malignancy.
Fukushi et al. [25]	Japan, 2022	60/W	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Endoscopic submucosal dissection.	Well differentiated tubular adenocarcinoma
Keener et al. [26]	USA, 2023	61/W	H. pylori: Neg. CMV: NR	Symptomatic treatment with PPI, additional surveillance endoscopy every two to three years.	No surgical intervention has been performed.	No evidence of malignancy.
Kmiecik et al. [27]	Poland, 2023	76/M	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Endoscopic submucosal dissection.	Underlying submucosal lipoma.
C.E. Alcántara-Figueroa et al. [28]	Peru, 2023	58/M	H. pylori: positive CMV: NR	20 mg of extended-release octreotide IM monthly for 4 m, along with 1g of amoxicillin every 12h, 500mg of levofloxacin daily for 14 days, and 40 mg of esomeprazole every 12 hours/4 months for H, pylori eradication.	Total gastrectomy.	No evidence of malignancy.
Rao et al. [29]	Italy, 2021	39/M	H. pylori: Neg. CMV: Neg.	PPI therapy was attempted but was ineffective. OFF-label treatment with octreotide LAR at dose of 20 mg/month subcutaneously, resulted in symptomatic relief.	No surgical intervention has been performed.	No evidence of malignancy.

Wang et al. [30]	China, 2021	24/W	H. pylori: Pos. CMV: NR	Chinese medicine for treatment.	No surgical treatment has been performed.	No evidence of malignancy.
Pepa et al. [31]	Argentina, 2021	55/M	H. pylori: Neg. CMV: Neg.	High-protein diet and intravenous cetuximab, starting with a loading dose of 400 mg/m², followed by 250 mg/m² weekly for 12 months.	No surgical intervention has been performed.	No evidence of malignancy.
Kayes et al. [32]	Australia, 2021	21/M	H. pylori: Neg. CMV: Neg.	Intravenous cetuximab (750 mg loading dose followed by 500 mg weekly.	Radical total gastrectomy and Roux en-Y Hunt/Lawrence Pouch Reconstruction with lymph node dissection.	No evidence of malignancy.
Waisberg et al. [33]	Brazil, 2020	55/W	H. pylori: Neg. CMV: NR	Treated for H. pylori infection prior to surgery.	Laparoscopic total gastrectomy with Roux-en-Y Reconstruction.	No evidence of malignancy.
Thapa et al. [34]	Nepal, 2020	75/W	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Partial gastrectomy.	No evidence of malignancy.
Parianos et al. [35]	Greece, 2020	46/W	H. pylori: Neg. CMV: Neg.	Cetuximab for a period of 6 months.	Total gastrectomy.	No evidence of malignancy.
Khan et al. [36]	USA, 2020	52/M	H. pylori: Neg. CMV: Neg.	100 µg of subcutaneous octreotide twice daily for seven months, then switched to 20 mg octreotide LAR for five months.	Total gastrectomy with Roux-en-Y Gastrojejunostomy.	Gastric Adenoma diagnosed after octreotide treatment. Also diagnoses with JPS.
Nunes et al. [37]	Portugal, 2019	31/M	H. pylori: Neg. CMV: Neg.	Albumin replacement and diuretic therapy, resolving anasarca. Discharged on protein supplements, esomeprazole, ranitidine, butylscopolamine, and 20 mg monthly octreotide LAR.	No surgical intervention has been performed.	No evidence of malignancy.
Kamal et al. [38]	USA, 2019	58/M	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	No surgical intervention has been performed.	No evidence of malignancy.

Greenblatt et al. [39]	USA, 2019	40/M	H. pylori: Neg. CMV: NR	Anticoagulation therapy (due to unprovoked venous thrombosis), after discharge apixaban 5 mg. Cetuximab was discussed.	No surgical intervention has been performed.	No evidence of malignancy.
Carlsen et al. [40]	Norway, 2019	41/W	H. pylori: Neg. CMV: Neg.	Cetuximab (400 mg/m² loading dose, followed by weekly 250 mg/m² infusions) alongside doxycycline 100 mg twice daily, magnesium supplementation, and a moisturizing skin lotion for side effect management.	No surgical intervention has been performed.	No evidence of malignancy.
Brownson et al. [41]	United Kingdom, 2019	58/W	H. pylori: NR CMV: NR	Iron-Supplementation against anemia.	No surgical intervention has been performed.	No evidence of malignancy.
Kamalesh et al. [42]	India, 2016	49/M	H. pylori: NR CMV: NR	No pharmacological treatment administered.	Total gastrectomy.	Well differentiated adenocarcinoma.
Chebli et al. [43]	Brazil, 2019	54/M	H. pylori: Neg. CMV: Neg.	Initially: pantoprazole 40 mg twice daily, furosemide 20 mg daily, high-protein diet; later switched to octreotide LAR 20 mg every 28 days, prednisone 5 mg daily, and continued high-protein diet.	No surgical intervention has been performed.	No evidence of malignancy.
Yao et al. [44]	China, 2016	26/M	H. pylori: Pos. CMV: Pos.	Torsemide for diuresis, omeprazole for acid suppression, reduced glutathione for liver protection, and albumin infusion.	No surgical intervention has been performed.	No evidence of malignancy.
Ding et al. [45]	China, 2016	76/M	H. pylori: Pos. CMV: NR	H. pylori eradication therapy with pantoprazole, amoxicillin (1000 mg b.i.d.), and clarithromycin (500 mg b.i.d.) for 10 days was administered alongside a high-protein diet.	No surgical intervention has been performed.	No evidence of malignancy.
Heurgué-Berlot et al. [46]	France, 2016	56/M	H. pylori: Neg. CMV: Neg.	Esomeprazole 80 mg/day, albumin injections, furosemide 40 mg/day, analgesics; followed by subcutaneous lanreotide (LAR 30	No surgical intervention has been performed.	No evidence of malignancy.

				mg every 14 days for 6 months, then 60 mg/month for 6 months) with continued esomeprazole 40 mg.		
Yang et al. [47]	China, 2015	49/M	H. pylori: Pos. CMV: NR	H. pylori eradication therapy was promptly initiated.	No surgical intervention has been performed.	No evidence of malignancy.
Sinagra et al. [48]	Italy, 2015	M/75	H. pylori: Neg. CMV: Neg.	Treatment with a proton pump inhibitor was initiated.	No surgical intervention has been performed.	No evidence of malignancy.
Pryczynicz et al. [49]	Poland, 2014	M/51	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Total gastrectomy with Spleen and Pancreatic Tail Removal and D2 Lymphadenectomy	Gastric adenocarcinoma.
Patel et al. [50]	United Kingdom, 2014	W/23	H. pylori: Neg. CMV: NR	Cetuximab was given weekly for 1 week (400 mg/m²), then bi-weekly (250 mg/m²) for 2 weeks, followed by every 3 weeks for 12 months. Omeprazole 20 mg daily was prescribed during treatment, increased to 40 mg after cetuximab due to dyspepsia. 5 weeks after Treatment, symptomatic MD reappeared.	No surgical intervention has been performed.	No evidence of malignancy.
Ravilla et al. [51]	USA, 2024	M/85	H. pylori: Neg. CMV: NR	Pantoprazole twice daily for 14 weeks.	No surgical intervention has been performed.	No evidence of malignancy.
Shi et al. [52]	China, 2023	W/53	H. pylori: Pos. CMV: Neg.	2-week course of quadruple therapy for H. pylori eradication with moderate improvements. She declined Cetuximab treatment.	No surgical intervention has been performed.	No evidence of malignancy.
Gómez Zuleta et al. [53]	Colombia, 2018	M/19	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Gastrectomy.	No evidence of malignancy.

Lyashuk et al. [54]	Ukraine, 2024	M/42	H. pylori: NR CMV: NR	Symptomatic drugs, metformin 500 mg after dinner.	No surgical intervention has been performed.	No evidence of malignancy.
Azer et al. [55]	Egypt, 2015	35/W	H. pylori: Neg. CMV: Neg.	Multiple courses of proton pump inhibitors and Prokinetic medications.	Total gastrectomy.	No evidence of malignancy.
Erazo et al. [56]	USA, 2024	81/M	H. pylori: NR CMV: NR Infectious disease highly unlikely	High-protein and high-medium chain triglyceride diet led to a moderate improvement of anasarca, with albumin level reaching 3.5 g/dL after one month of dietary intervention.	No surgical intervention has been performed.	No evidence of malignancy.
Karam et al. [57]	Lebanon, 2024	51/M	H. pylori: Neg. CMV: Neg.	Initial treatment with fluid resuscitation and IV PPIs, transitioned to oral PPIs post-hemostasis. Discharged on oral PPIs with follow-up in gastroenterology.	No surgical intervention has been performed.	No evidence of malignancy.
Gonzalez Villar et al. [58]	Mexico, 2024	57/W	H. pylori: Pos. CMV: Neg.	Died before treatment.	No surgical intervention has been performed.	No evidence of malignancy.
Chen et al. [59]	Taiwan, 2023	66/W	H. pylori: Neg. CMV: NR	PPI, but symptoms persisted.	Total gastrectomy.	Gastrointestinal stromal tumor.
Ramrakhiani et al. [60]	USA, 2021	65/M	H. pylori: NR CMV: NR	Initial management included sandostatin and total parenteral nutrition (TPN), providing temporary improvement. Treatment with cetuximab led to over 50% reduction in diarrhea and stool frequency.	No surgical intervention has been performed.	No evidence of malignancy.
Ghusn et al. [61]	USA, 2022	24/W	H. pylori: Neg. CMV: Neg.	IV antiemetics, IV albumin and furosemide. Started on a pureed, high-protein diet which resulted in significant improvement in symptoms.	No surgical intervention has been performed.	No evidence of malignancy.

Gianarakis et al. [62]	USA, 2023	61/M	H. pylori: Pos. CMV: NR	IV antiemetics, diuretics, albumin, quadruple H. pylori therapy, IV methylprednisolone, oral prednisone, subcutaneous octreotide; plan to initiate cetuximab.	No surgical intervention has been performed.	No evidence of malignancy.
Ettahiri et al. [63]	Morocco, 2022	44/M	H. pylori: NR CMV: NR	Post-surgery oral folic acid for anemia. Follow-up through clinical surveillance showed weight gain and symptom resolution at 3 months post-surgery.	Total gastrectomy.	No evidence of malignancy.
Gomes et al. [64]	Bangladesh, 2021	70/M	H. pylori: Neg. CMV: NR	Esomeprazole 20 mg BID for symptom control of upper abdominal pain, bloating, acid regurgitation, and heartburn.	No surgical intervention has been performed.	No evidence of malignancy.
Prokopchuk et al. [65]	Germany, 2018	46/M	H. pylori: Neg. CMV: Neg.	Neoadjuvant chemotherapy.	Thoraco-abdominal distal esophagectomy and Proximal gastrectomy.	Siewert type II esophagogastric adenocarcinoma (AEG II).
Bernshteyn et al. [66]	USA, 2021	41/M	H. pylori: Neg. CMV: Neg.	Proton-pump inhibitor BID, Octreotide 100 mcg QID, and Cetuximab infusion.	No surgical intervention has been performed.	No evidence of malignancy.
Belkralladi et al. [67]	Algeria, 2024	54/W	H. pylori: Neg. CMV: NR	No pharmacological treatment administered.	Total gastrectomy.	Signet ring cell adenocarcinoma.
Sanders et al. [68]	USA, 2020	54/M	H. pylori: Neg. CMV: Neg.	Persistent symptoms despite maximal PPI therapy.	No surgical intervention has been performed.	No evidence of malignancy.
Lu et al. [69]	USA, 2022	27/W	H. pylori: NR CMV: NR	No pharmacological treatment administered.	Endoscopic submucosal dissection.	No evidence of malignancy.
Buivydiene et al. [70]	Lithuania, 2017	75/W	H. pylori: NR CMV: NR	High-protein diet, pancreatic enzyme replacement therapy, and proton pump inhibitors.	Total gastrectomy.	Solitary fibrous tumor (SFT).
Sagvand et al. [71]	USA, 2018	70/W	H. pylori: Neg. CMV: Neg.	Subcutaneous octreotide 100 mg BID later increased to 100 mg TID. Initial improvement in diarrhea, abdominal pain, and	No surgical intervention has been performed.	No evidence of malignancy.

				nausea, allowing discharge on subcutaneous injections.		
Hussameddin et al. [72]	Canada, 2021	43/M	H. pylori: NR CMV: NR	Initial combination therapy with IFX and azathioprine for UC pancolitis. Switched from IFX to vedolizumab 300 mg every 8 weeks in June 2018 after an infusion reaction, maintaining UC remission.	No surgical intervention has been performed.	No evidence of malignancy.
Protopapadakis et al. [73]	USA, 2022	39/M	H. pylori: Neg. CMV: Neg.	Passed away from complications.	No surgical intervention has been performed.	SMAD4 gene mutation - Juvenile Polyposis Syndrome (JPS).
Lalazar et al. [74]	Israel, 2014	25/M	H. pylori: Neg. CMV: Pos.	Proton Pump Inhibitor and treatment w/o antivirals for CMV.	No surgical intervention has been performed.	No evidence of malignancy.
Chen et al. [75]	China, 2014	42/M	H. pylori: Pos. CMV: NR	Initial treatment with antibiotics, PPI, and mucosal protectants for acute gastroduodenal mucosal lesions. After symptom recurrence, continued on mucosal protectants for 3 months.	No surgical intervention has been performed.	No evidence of malignancy.
Thammineedi et al. [76]	India, 2021	40/W	H. pylori: NR CMV: NR	No pharmacological treatment administered.	Middle gastrectomy.	No evidence of malignancy.
Graziano et al. [77]	USA, 2023	64/W	H. pylori: NR CMV: NR	Supportive treatment with high-protein diet and micronutrient replacement.	No surgical intervention has been performed.	No evidence of malignancy.
Brown et al. [78]	USA, 2014	51/M	H. pylori: Neg. CMV: Neg.	Trial of a proton pump inhibitor.	No surgical intervention has been performed.	No evidence of malignancy.

Hanif et al. [79]	Pakistan, 2014	30/W	H. pylori: NR CMV: NR	Proton pump inhibitor.	No surgical intervention has been performed.	No evidence of malignancy.
Neary et al. [80]	Ireland, 2019	53/M	H. pylori: Pos. CMV: NR	Therapeutic anti-coagulation and triple therapy for H. Pylori.	No surgical intervention has been performed.	No evidence of malignancy.
Olavarria et al. [81]	Spain, 2024	71/M	H. pylori: NR CMV: Pos.	Intramuscular (IM) octreotide 100 mg/24 h	No surgical intervention has been performed.	No evidence of malignancy.

Abbreviations

H. pylori: Helicobacter pylori, **CMV**: Cytomegalovirus, **Pos**: Positive, **Neg**: Negative, **NR**: No Record**, M**: Male, **W**: Woman, **Y**: Year(s)**, PPI**: Proton Pump Inhibitor, **IV**: Intravenous, **IM**: Intramuscular, **Cetuximab**: Cetuximab therapy (or CTX), **LSG**: Laparoscopic Sleeve Gastrectomy, **ESD**: Endoscopic Submucosal Dissection, **LAR**: Long-acting release**, TG**: Total Gastrectomy, **PG**: Partial Gastrectomy, **D2 Gastrectomy**: D2 lymphadenectomy gastrectomy, **GJ**: Gastrojejunostomy, **Roux-en-Y**: Roux-en-Y Reconstruction**, Dx**: Diagnosis, **JPS**: Juvenile Polyposis Syndrome, **GIST**: Gastrointestinal Stromal Tumor, **SFT**: Solitary Fibrous Tumor, **AEG II**: Siewert type II esophagogastric adenocarcinoma