Protein-Losing Enteropathy

Overview

• Excessive loss of serum proteins into the gastrointestinal tract.

• Mechanism for normal loss unclear.

• GI Tract accounts for 10-20% of normal albumin turnover.

Pathophysiology

• Inflamed or ulcerated mucosa (i.e. Crohn's or UC)

• Disordered mucosal cell structure (i.e. Celiac Sprue)

• Increased Lymphatic Pressure (granulomatis or neoplastic dz)

• Dilated Lymph Vessels (idiopathic intestinal lymphangiectasia)

Clinical Presentation

• Depends on cause

Disorders Associated With Protein-Losing Enteropathy

• Mucosal Dz with Ulceration - Chronic gastric ulcer, gastric carcinoma, lymphoma, IBD, idiopathic ulcerative jejunoileitis.

• Lymphatic Obstruction - Primary intestinal lymphangiectasia, Secondary Obstruction (Cardiac Disease: constrictive pericarditis, congestive heart failure, Infections: tuberculosis, Whipple's disease, Neoplasms: lymphoma, Kaposi's sarcoma, Retroperitoneal fibrosis, Sarcoidosis.

• Idiopathic Mucosal Transudation - Menetrier's Disease (gastric mucosal hyperplasia), Zollinger-Ellison Syndrome, Acute Viral Gastroenteritis, Celiac Sprue, Eosinophilic
gastroenteritis, Allergic protein-losing enteropathy, Parasitic Infections (giardiasis, hookworm), Amyloidosis, Common variable immunodeficiency, Systemic lupus erythematosus.

**Diagnosis**

- Hypoalbuminemia
- Increased Stool $\alpha$ 1-antitrypsin, (previously quantitated by an I.V. administered radiolabeledalbumin study).

**Treatment**

- Rx underlying cause