

Protein-Losing Enteropathy: Review Questions

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QUESTIONS

Choose the single best answer for each question.

1. Which of the following best describes protein-losing enteropathy?

- A) Malabsorption of digested amino acids
- B) Lack of pancreatic digestion of dietary proteins
- C) Excessive leakage of plasma proteins into the lumen of the gastrointestinal tract
- D) Excessive protein catabolism
- E) An inborn error of protein biosynthesis

2. Which of the following signs or symptoms is most common among patients presenting with protein-losing enteropathy?

- A) Headache
- B) Gastrointestinal bleeding
- C) Shock
- D) Peripheral edema
- E) Abdominal pain

3. Major systemic diseases that may present as protein-losing enteropathy include all of the following EXCEPT:

- A) Migraine
- B) Congestive heart failure
- C) Constrictive pericarditis
- D) Connective tissue disease
- E) Amyloidosis

4. The pathophysiology of protein-losing gastroenteropathy may include all of the following EXCEPT:

- A) Increased interstitial pressure in the lymphatics
- B) Lymphatic obstruction
- C) Gluten-sensitive enteropathy
- D) Giant hypertrophic gastritis (Ménétrier's disease)
- E) Irritable bowel syndrome

5. Infectious etiologies of protein-losing enteropathy include all of the following EXCEPT:

- A) Tuberculosis
- B) Amebiasis
- C) Legionnaires' disease
- D) Giardiasis
- E) Tropical sprue

(turn page for answers)

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EXPLANATION OF ANSWERS

1. **(C) Excessive leakage of plasma proteins into the lumen of the gastrointestinal tract.** Protein-losing enteropathy is the excessive leakage of plasma proteins into the lumen of the gastrointestinal tract. There is no evidence of maldigestion, malabsorption, or defect in protein or amino acid metabolism.
2. **(D) Peripheral edema.** The most common sign among patients presenting with protein-losing enteropathy is peripheral edema, which can range from mild edema to gross anasarca. Most patients do not have any evidence of gastrointestinal bleeding, abdominal pain, headache, or other systemic manifestations.
3. **(A) Migraine.** Patients with congestive heart failure and/or constrictive pericarditis, connective tissue disease, amyloidosis, and protein dyscrasias can present with a protein-losing gastroenteropathy. Often, a primary disease overshadows the excessive protein loss in the gastrointestinal tract.
4. **(E) Irritable bowel syndrome.** Protein-losing enteropathy can result from many diseases, including inflammatory bowel disease, peptic ulcer disease, lymphatic obstruction associated with tuberculosis, malignancy, lymphenteric fistula, and primary mucosal disease (eg, Whipple's disease). It is not associated with irritable bowel syndrome.
5. **(C) Legionnaires' disease.** Any infectious disease that can cause lymphatic obstruction, mucosal disruption, or an inflammatory mucosal infiltration can result in protein-losing enteropathy. Pathogens that do not involve in the gastrointestinal tract (eg, *Legionella pneumophila*) generally do not cause protein-losing enteropathy.

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