

# Final Diagnosis:

Severe Protein Calorie  
Malnutrition likely 2/2 gastric  
bypass, voluntary restricted diet  
and (possible) protein-losing  
enteropathy

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# Protein-losing Enteropathy

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- Etiology:
  - Erosive GI-diseases -> IBD, GI malignancies
  - Non-erosive GI diseases -> Intestinal disease (celiac, tropical sprue, eosinophilic gastroenteritis, collagenous colitis, SLE), congenital disorders, giant hypertrophic gastropathy (Menetrier disease), amyloidosis
  - Diseases with lymphatic obstruction/altered flow
- Clinical features: highly variable -> peripheral edema, progressive dyspnea, abdominal distension, diarrhea/steatorrhea, bloating, third-spacing, sepsis secondary to hypogammaglobulinemia, etc
- Lab findings: reduced albumin, serum IgA/G/M, fibrinogen, ceruloplasmin; mineral deficiencies
- Diagnosis: established by increase in alpha-1 antitrypsin clearance in stool (need to do 24hr collection, this patient had a random level, 24-hour was pending)