

\Box PICTURES IN CLINICAL MEDICINE \Box

McKittrick-Wheelock Syndrome (Electrolyte Depletion Syndrome)

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Key words: McKittrick-Wheelock syndrome, electrolyte depletion syndrome, villous adenoma

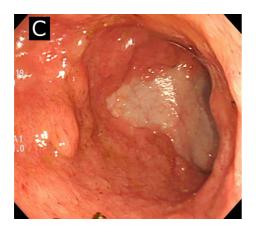
(Intern Med 56: 1113-1114, 2017) (DOI: 10.2169/internalmedicine.56.7925)



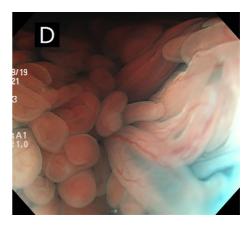
Picture A.



Picture B.



Picture C.

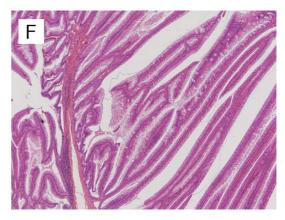


Picture D.



Picture E.

A 67-year-old woman presented to the hospital with a 2month history of malaise and an episode of syncope the previous day. The initial workup revealed leukocytosis, renal dysfunction, and significantly decreased serum electrolyte levels, with sodium 106 mmol/L, potassium 1.5 mmol/L, and chloride 61 mmol/L. She reported chronic diarrhea persisting for six years, and her stool was watery and slightly mucous (Picture A). Computed tomography of the abdomen showed a long segment of circumferential recto-sigmoid wall thickening (Picture B, arrows), and colonoscopy revealed a large recto-sigmoid villous tumor (Picture C and D). After intensive therapy of fluids and electrolyte replacement, low anterior resection of the recto-sigmoid colon was performed. A histopathological examination of the specimen revealed a 20-cm high- to low-grade tubulovillous adenoma (Picture E and F), with no signs of malignancy. She showed clinical improvement and was discharged 12 days after the surgery. She was asymptomatic and doing well at the three-month follow-up visit. McKittrick-



Picture F.

Wheelock syndrome is a rare cause of severe fluid and electrolyte hypersecretion mainly associated with rectal villous adenoma (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

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