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McKittrick-WheelockSyndrome:ARareOccasioninaYoungPatient

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1. Abstract

Mckittrick-Wheelocksyndromeisafatalandlifethreateningdiag-nosisifnointerventionstakenontime.Itisduetoalargedistalco-lonpolypthatsecretesbodysaltsincludingsodiumandpottasium and thus, causing severe diarrhea and dehydration to the patient. Clinicalfeaturesofthissyndromeareseveredehydration,hypoka-lemia,hyponatremia,lethargyandunintentionalweightloss.This is a treatable disease especially by the means of multidisciplinary approach. Resection of the polyps that causing the syndrome is considered the primary treatment along with the replacement of fluidsandbodysalts.Earlyinterventionmaypreventmajororgans dysfunction especially kidney failure.

2. Introduction

McKittrick-Wheelock syndrome is a rare condition where pa-tientpresentswithprolongeddiarrheaandlethargyduetocolonic growth,commonlypolypoidal.Clinicalfeaturesofthissyndrome includes hypokalemia, hyponatremia and metabolic acidosis.The exactmechanismisnotverywellknown,althoughithasbeenpos-tulatedthathypersecretionofwaterandelectrolytesfromthemass thatcausesnutrientsdepletionanddehydration.Thesyndrome is usually seen in the elderly with male preponderance. Here, we would like to highlight a case of a young female patient that pre-sented with chronic diarrhea associated with hematochezia, elec-trolytes imbalance and dehydration. We found that patient had a tubular adenoma growth in her descending colon.

3. Case Report

A25 year old lady was referred to our centre with the complaints ofchronicdiarrhea,lethargywithpoororalintake.Furtherhistory suggestedthatpatientalsobeenhavingbloodinherstool.She claimed that the diarrhea was intermittent and been there for the pastoneyear.Shealsolostafewstonesoverayear.Otherwiseshe denieshavinganyfamilyhistoryofcolorectalcancer.Initialclini-calexaminationshowedthatpatientisthinlybuiltandpale.Digital rectalexaminationdemonstratednomasspalpableperrectum.We proceededwithacolonoscopethesamedayandfoundalargeses-silepolypoidalgrowth,about40cmfromtheanalverge.Otherwise thegrowthhasnocontactbleeding.Asnarebiopsywastakenand sentforurgenthistopathologicalexamination.Thereportcameout as tubular adenoma with low grade dysplasia. Patient was resus-citated in the general ward and was given a pack of blood. We performed polypectomy after histopathology result of the biopsy cameout.Patientwasdischargehomesafelythefollowingweeks (figure 1 and 2) [1-4].

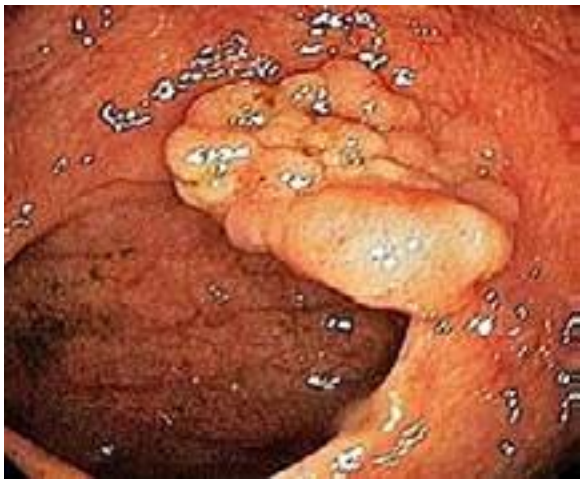

Figure1: Showing asingle pedunculated polyp atthe right colon

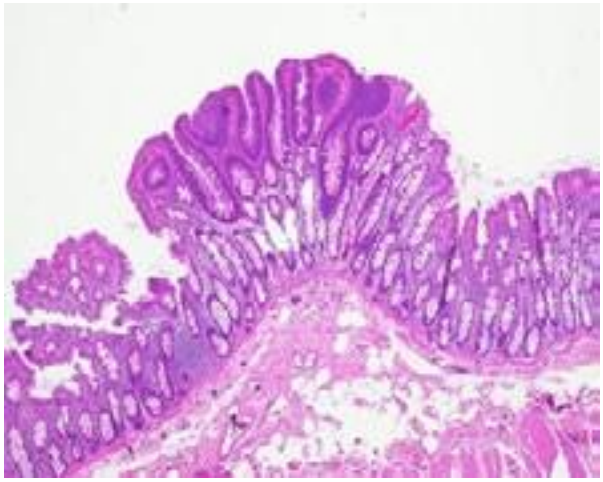

Figure 2: Histology demonstrated tubular adenomas, characterized by classical adenomatous low-grade dysplasia with pseudo stratification of elongated, hyperchromatic nuclei

4. Discussion

McKittrick-Wheelock syndrome is a constellation of abnormalities that occurred due to growth in the distal large colon. Patient usually present with dehydration, lethargy with electrolytes depletion. The condition is thought to be caused by a large benign colonic tumor, commonly polyps. A few literature review documentedtubularandtubulovillouspolypsasthecausativeagentfor this syndrome. In our case report we found a large sessile tubular adenoma 40cm from the anal verge. The main pathology of the syndrome is because of hypersecretion of water and electrolytes from the growth and thus causing severe dehydration and even acute kidney injury. The mainstay of the treatment is fluid resuscitationandrestorationoftheelectrolytestothenormallevel.The offending agent, polypoidal growth should be removed either endoscopicallyorsurgery.Someschoolsofthoughtevenadvocated foranteriorresectionincaseswherethepolypsweremultipleand large with high grade dysplasia.

5. Conclusion

McKittrick-Wheelock syndrome is a rare syndrome that occurred in patients with benign polypoidal growth. It causes severe water and electrolytes depletion which may be detrimental for the patient. Identifying of the syndrome is crucial in order to design a proper management. Physicians should be vigilant in identifying theconditionintimelymannerasitisassociatedwithahighmor- bidity and mortality.

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